PREVENTING DRUG ABUSE: THE COMMUNITY IN ACTION

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PREVENTING DRUG ABUSE: THE COMMUNITY IN ACTION

A contribution from the teaching profession

by

A. Charconnet

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CONTENTS

		Page
1.	DELIMITATION OF THE SCOPE OF THE PRESENT DOCUMENT	1
1.1	Substances considered as drugs	1
1.2	The professional group for whom the final document is intended	2
1.3	The two levels of prevention	3
1.4	Responsibility and interest of teachers in preventing and reducing the demand for drugs and in promoting a healthy and productive life-style	4
2.	ACTIVITIES AND RESPONSIBILITIES OF TEACHERS IN PREVENTION AND REDUCTION OF THE DEMAND FOR DRUGS	5
2.1	The transmission of moral values	5
2.2	The transmission of knowledge	5
2.2.1	Activities in infant schools and kindergartens	6
2.2.2	Activities at the primary level of teaching	6
2.2.3	Activities at the secondary level of teaching	7
2.2.4	Activities in the extra-curricular and extramural sectors	9
2.2.5	Activities of educators in relation to the media	9
2.2.6	Activities in the training of personnel concerned with prevention	11
2.3	The need for team-work	13
3.	SUGGESTIONS REGARDING THE INTERESTS AND ACTIVITIES OF ORGANIZATIONS WORKING WITH AND FOR TEACHERS IN THE FIELD OF PREVENTION	14
3.1	Proposals for the activities of the various organizations at the national level	14
3.2	Proposals for the activities of the various organizations at the local and provincial levels	18
3.3	Suggestions for the activities of the various organizations at regional and international levels	18

READEX FICHE

Page

3.4. Proposals for the various organizations promoting leisure-time activities at the national level 19

3.5 Proposals for these same activities at the national and international levels 20

4. EXAMPLES OF PREVENTIVE EDUCATION PROGRAMMES, METHODS AND TECHNIQUES 20

4.1 Description of the health education programme of the Swiss Institute for the Prevention of Alcoholism (ISPA/SFA) 21

4.2 Evaluation of the ISPA health education programme 21

4.3 Preventive education against drug abuse in France 21

4.4 Preventive education against drug abuse in the United Kingdom and Denmark 24

4.4.1 Preventive education in the secondary schools 24

4.4.2 Preventive education intended for young people in the labour market 25

4.5 Evaluation of anti-alcohol education in the United States 26

4.6 Prevention of the demand for drugs among secondary school pupils in Spain 26

4.7 The national plan for the prevention of drug addiction in the Republic of Colombia 27

4.8 The Organization of American States (OAS) and preventive education 28

4.9 Lines of research and indications on the subject of prevention programmes in other cultural areas 28

4.9.1 In Africa 28

4.9.2 In Asia 31

5. SUGGESTIONS CONCERNING THE ELABORATION OF GUIDING PRINCIPLES FOR PREVENTIVE ACTION BY TEACHERS 33

5.1 Proposals on preventive action by the teachers 33

5.1.1 For the teacher himself 33

5.1.2 *Vis-à-vis* his colleagues 34

5.1.3 Proposals for steps to enable teachers to attain these objectives 34

5.2 Proposals for preventive action with young persons of school age 35

5.2.1 Objectives concerning young persons of school age 35

5.2.2 Various forms of action 35

5.2.3 Evaluation of the various activities 36

5.3 Proposals for preventive action with the parents of pupils 36

5.4 Circulation of information to the various partners in preventive education 37

Annexes *Page*

ANNEX I 39
ANNEX II 41
ANNEX III 43
ANNEX IV 44
ANNEX V 46
ANNEX VI 47
ANNEX VII 48
ANNEX VIII 50

Notes 53

PREFACE

In resolution 1989/14: "Intensification and co-ordination of measures for reduction of the illicit demand . . .", adopted at its first regular session in 1989, the Economic and Social Council requests the competent intergovernmental organizations to step up their activities to reduce demand and in so doing to collaborate closely with the international non-governmental organizations. In return, the non-governmental organizations are called upon in the resolution to extend their programmes for demand reduction, "in close co-operation with the Division of Narcotic Drugs of the United Nations Secretariat and other appropriate United Nations organizations and agencies . . .".

In the spirit of this resolution, the Division of Narcotic Drugs has undertaken to ask consultants to draft basic information documents on the activities of specific population groups: parents and teachers, in the area of drug abuse prevention, more particularly among young people.

These documents are intended to define the interest and responsibility of each group in the prevention of illicit demand and in the promotion of a healthy life-style; to provide examples drawn from different geographical regions and cultures of programmes launched by the relevant population group, and to propose additional activities as well as guiding principles for the preparation of new programmes.

These documents are written in non-technical language and will have achieved their aim if they stimulate exchanges of opinion and give rise to ideas and initiatives within the interest groups concerned and in the non-governmental organizations which bring their members together or work with them.

The opinions expressed in these documents are those of the consultants who are the authors of them and do not necessarily reflect those of the Division of Narcotic Drugs.

This initiative is a response to the recommendations formulated in the Declaration and Comprehensive Multidisciplinary Outline of Future Activities in Drug Abuse Control adopted by the International Conference on Drug Abuse and Illicit Trafficking held at Vienna in 1987.

If these documents are favourably received and judged useful for stimulating thought and encouraging the participation of the community in drug abuse prevention, the Division of Narcotic Drugs will develop the initiative further by extending it to cover other interest groups.

1. DELIMITATION OF THE SCOPE OF THE PRESENT DOCUMENT

1.1 Substances considered as drugs

Definitions of drugs are often very general in character; for example, WHO describes as a drug "any substance which when introduced into a living organism modifies one or more of its functions". Dr. H. Nowlis in *Drugs demystified*[1] states that according to the basic scientific or pharmacological definition, "a drug is a substance that by its chemical nature affects the structure or function of the living organism". These two definitions are very close to each other and both of them have the advantage of being applicable not only to "illicit" drugs (cocaine, LSD, opiates, etc.) but also to "licit" substances (alcoholic beverages, medicaments, tobacco).

It has been observed, in fact, that alcohol, tobacco and other drugs are often consumed together. In the course of drinking bouts which have become a ritual for certain groups of young people in Western Europe, alcoholic beverages are combined with "joints" (hashish cigarettes).

In France, a study by the National Institute of Health and Medical Research (INSERM), published in November 1987, demonstrates that a repeated and early striving for intoxication is an important factor in predicting the later use of an illicit drug.

The combination of alcohol, tobacco and drugs either at successive points in time or simultaneously can be observed in parts of the world other than Europe. Two examples can be given:

— In Senegal, a multidisciplinary team carried out a study in 1986 and 1987 on the consumption of drugs by young persons between the ages of 14 and 24.[2] The study describes the results as follows. "Among licit drugs, the product most frequently used is tobacco (25 per cent), followed at a distance by alcohol (14.9 per cent) and then by tranquillizers (10.9 per cent)". Among illicit drugs "the substance most commonly used is Indian hemp (6.9 per cent), closely followed by 'pion' (psychotropic substances taken without medical prescription (5.9 per cent)) and diluents (5.1 per cent)". The researchers found it difficult to determine whether there is a precise correlation between the products used but the questionnaires showed that a number of young persons consume tobacco, alcohol and other drugs at one and the same time.

— In the Philippines, a woman specialist has put forward the following definition of drug addiction: "The most widely understood meaning is that it is the habitual use of drugs, alcohol and similar substances".[3]

As early as 1972, UNESCO decided that its programmes would cover both socially accepted drugs (such as alcohol, medicaments and tobacco) and those the use of which is prohibited by national legislation and international conventions.

Numerous non-governmental organizations concerned with information and training to reduce drug demand also deal with alcohol, tobacco and other drugs. We can thus quote the examples of Belgium with its National Committee on the Study and Prevention of Alcoholism and Other Forms of Addiction, Canada with its Alcoholism and Drug Addiction Research Foundation, Switzerland where the Institute of the Prevention of Alcoholism deals also with

the consumption of medicaments and tobacco in addition to the illicit drugs, and the United States of America where the "Do It Now Foundation" distributes, for instance, *Drugs and Alcohol, a Handbook for Young People.*

In view of the facts stated above, we do not feel any need to draw a distinction in the present document between licit and illicit drugs, but will deal comprehensively with all the problems raised by the prevention of drug abuse.

1.2 The professional group for whom the final document is intended

Among the various professional groups that representatives of non-governmental organizations, public authorities and international bodies wish to enlist in the prevention of drug abuse, there is one which they describe as "the teaching profession".

This professional group needs to be more accurately defined. Teachers normally operate within formal educational systems, though sometimes also within informal systems.

In the formal educational systems, UNESCO envisages not only the actual teachers, but the teaching profession as a whole. Indeed, educational activities are carried out by teachers, vocational counsellors, monitors, documentalists and directorate staffs (inspectors, bursars, headmasters and headmistresses). In the informal educational systems, extra-curricular activities, and extramural activities, courses for adults and other educational activities are implemented jointly by monitors (*animateurs*), educators and teachers of various backgrounds (youth and cultural centres, socio-cultural centres, non-governmental organizations and so forth).

Taken as a whole, the educators constitute a highly mixed group on account of:

— The public to whom they direct their activities;

— The training they have received, and;

— The duties entrusted to them.

In effect, their audience ranges from children of pre-school age (3 or 4 years) to adults pursuing post-graduate studies (over 30 years of age).

Their training is extremely varied depending on the country and the type of teaching. It may amount virtually to little more than literacy courses in the poorest countries where primary education is critical, or it can be at university or post-university level in the most favourable cases.

With regard to their duties:

Teachers in the pre-school system are basically educators and are responsible for the senso-motor development and socialization of children between the ages of 2 and 5.

Primary level teachers are "generalists", each of them being generally responsible for their class and entrusted with the teaching of fundamentals: reading, writing and counting. They work with their pupils for about 30 hours a week and have time enough to get to know them personally.

The teachers in secondary schools and in vocational and technical training are "specialists"; the more specialized they are, the farther apart they are from the pupils. For example, in the first cycle in French secondary schools, teachers give instruction in two or three subjects, if not more, and are therefore closer to

the pupils whom they see more often during the week than the second cycle teachers who have a narrower specialization.

We will also have to deal with the group of monitors, educators and social workers who are active in the extra-curricular and extramural sectors. They work within a less constraining context than the school and see young people in a different light. The fact that the teachers act in general as a sort of liaison implies that there is also need to examine their activities in relation to the media. Lastly, with regard to the vocational training sector, attention will have to be given to those in charge of teacher training who have in front of them future teachers, as well as those in charge of training the various specialists involved in combating drug consumption.

1.3 The two levels of prevention

Specialists often draw a distinction between:

— Primary prevention, which is geared to young people and to those who have not yet been exposed to the temptation of drugs or who have not yet consumed drugs on a systematic basis, so that they can be turned away from drug consumption;

— Secondary prevention, which concerns young drug addicts who have been disintoxicated and who must be helped to avoid relapse. Preventive action includes assistance with the support of the family and, first and foremost, help in reintegrating them into a socio-economic framework enabling them to realize their more positive aspirations and lead a healthy and productive life.

Teachers can and must play an important role in primary prevention. In secondary prevention there are only two cases in which they can act:

— In the event of readmission of a disintoxicated young person into a training establishment;

— In cases where the teachers play a social or socio-economic role outside the school.

In the first of these cases, discretion and an understanding approach are essential on the part of the teacher. Support may also have to be given in catching up with lessons lost and in facilitating the resumption of studies; clearly, working hours will have to be set aside for this purpose.

The second type of case does not concern educational activity in the proper sense of the word, but the activities of the citizen rather than the teacher.

In all cases, however, teachers must be informed of these secondary prevention activities for two reasons:

— The activities are generally conducted by social workers who can co-operate with the teachers in the task of primary prevention;

— They often concern the older brothers and sisters of some of the children still at school and are a grave source of concern for their families. They thus constitute one of the more delicate factors of the situation in which the pupils find themselves.

1.4 Responsibility and interest of teachers in preventing and reducing the demand for drugs and in promoting a healthy and productive life-style

Our first task should be to define promptly the interest and responsibility of this professional group in the prevention of drug consumption. The interest of teachers in these problems is the same as that of all citizens; in addition, the presence of pupils taking drugs in a class is obviously a disturbing factor. Hence professionally speaking, a teacher has every reason to prevent drug consumption. For the promotion of a healthy and productive life-style, this is one of the general objectives of all educational systems and teachers subscribe to it as a matter of principle.

The problem of the responsibility of teachers is a more complex one. The question must first be asked: what do parents and pupils expect from the school in these matters? In particular, we have to ask the parents' associations how they see the responsibility of teachers in the prevention and reduction of the demand for drugs. Once these replies have been received, they will have to be checked to see if they are realistic and if the teachers can play the role that the parents would like to assign to them.

It is extremely likely that the replies will vary considerably from one country to another and that the role of teachers will itself be very different from one environment to another since educational institutions are only one category among the many involved in education—family, religious organizations, youth movements and so forth—the nature of which differs considerably from one country to another.

Nevertheless, regardless of the social situation involved, it is possible to discern two levels of responsibility for teachers: do they exercise their responsibilities basically in the realm of cognition?[4] Or are they educators in the broader sense? In the second role, a general objective would be to teach "being" and their responsibilities will be accordingly much greater. It is very common both for parents and political leaders to want them to be teachers and educators at once, but in that dual role their responsibilities will not be the same. Teachers as a whole are the only ones, or at least the principal ones, responsible for the field of formal cognition. Conversely, so far as the teaching of "being" is concerned, they are only one of the parties taking part in collective action. The building up of a child's personality depends, in fact, on a multiplicity of factors: the role of the parents and more broadly of the family, the role of the socio-cultural environment, the role of adults and peers met with in other activities (leisure, religious activities, etc.).

The process is a complex one since it involves inculcating a system of values and, more generally, shaping the child's character, if we are to use a general and non-technical term. The matter is governed both by ethics and psychology; for this reason both subjects will be referred to at various points in the text below. The moral aspects of the training and the role of teachers have been repeatedly underscored. The problem is not one of going back to a traditional concept of morality, but rather clearly formulating moral standards adapted to the present society and to the results of recent research in psychology and psychiatry.

The fact that school-children spend a lot of their time in school means that some of the teachers could act as co-ordinators of the educational process. The other parties could usefully exchange information with them and confer with them with a view to organizing an activity which is all too often conducted on a totally improvised basis. In the next section we will examine the activities of the various groups of teachers so as to be able to identify their responsibilities more effectively.

2. ACTIVITIES AND RESPONSIBILITIES OF TEACHERS IN PREVENTION AND REDUCTION OF THE DEMAND FOR DRUGS

The activities and responsibilities of teachers and educators relate to various levels. Teachers and educators have a particular status in society: they are those mainly responsible for the transmission of knowledge, but also for the transmission of moral values recognized by the majority of the members of that society.

2.1 The transmission of moral values

Moral values are often considered by young teachers as "old-fashioned", "obsolete", "out of date", etc. It is true that these values were fashioned at a time and in a society in which the abuse of drugs was exceptional and affected only very rarely young persons of school age. Moreover, the family used to be a sounder and better-structured institution than it is nowadays and teachers were respected and enjoyed social standing; as a result, the moral problems were then different from those which we meet today. The profound changes are undoubtedly a disturbing factor but they only raise the problem of moral values in different terms; they do not let us simply ignore the problem. All teachers must reflect on those problems and devise a method of reformulating them with their pupils. The curriculum may well allot a certain time, generally very brief, to tuition in civics and ethics. Primary school teachers have then to teach this "subject", while in the secondary schools a particular teacher is assigned to teaching it in each class; obviously, however, instruction in ethics does not count as a branch of knowledge and cannot be the subject of lessons in the proper sense: it belongs to the realm of "being" and is aimed at modifying behaviour. This is a long-term process which begins on the very first day of school. It must obviously be adapted to the age of the pupil. It can be the subject of special exercises but is primarily taught by way of example; it must therefore guide the conduct of all the teachers who should avail themselves of every favourable opportunity to make the pupils aware of the moral values that are essential to life in society. It is reliance on those moral values that will enable young people to find the strength necessary to refuse to take drugs. As soon as that problem appears, the teachers must stress the relationship between those moral values, on the one hand, and the refusal to take drugs and the promotion of a healthy and productive life-style, on the other.

The problem of teachers who smoke, drink and take too many painkillers, tranquillizers and stimulants appears towards the end of primary school. Are these teachers capable of transmitting the moral values by which their pupils can resist the temptation of drugs? This will depend on the relationship established between the form master and his class. If there is a relationship of trust and if a genuine dialogue is established in the class, the pupils will ask the master to explain his behaviour. A sincere explanation on his part will make the pupils understand that it is in their own interests as well as those of society to conduct themselves better than the teacher and other adults with regard to all types of drugs.

2.2 The transmission of knowledge

The term "knowledge" must be construed in its broader sense, i.e. as including not only knowledge in the ordinary sense of information but also know-how and knowledge of "being".

In these fields, the activities and responsibilities of teachers and educators are very different depending upon:

— Age of the pupil;
— Nature of the teaching imparted;
— Structure within which the teaching is imparted.

Taking these various factors into account, a distinction may be drawn between:

— Activities and responsibilities in infant schools and kindergartens;
— Activities and responsibilities in primary school;
— Activities and responsibilities in secondary schools and technical education;
— Activities and responsibilities in extramural and extra-curricular studies;
— Activities and responsibilities in relations with the media, and
— Activities and responsibilities in vocational training.

2.2.1 *Activities in infant schools and kindergartens*

This is an essential period in the structuring of a child's personality. The activities involved are aimed at a senso-motor education and the purpose is to make the child gradually acquire mastery of its body and its senses. The legitimate reward for successful progress in the matter is the pleasure afforded by the control of movement and the refinement and identification of sensations. Teachers who have been trained with a view to these objectives can help children to gain gradually a well-balanced personality. Moreover, the children in question will have had the experience of pleasure afforded by successfully organized activity, and the joy derived from tasks successfully performed. If the training in those various fields is continued, the pupils who have benefited from it will subsequently be much less exposed than others to the temptation of drugs. This education for very young children (2 to 6 years) is unfortunately limited in scope through lack of resources. Only a very few children in the world benefit from it, but the present trend, which it would be desirable to encourage, is to develop this type of education.

2.2.2 *Activities at the primary level of teaching*

The majority of children of 6 to 7 years of age reach primary school at a time when habits have not yet been definitively acquired. Teachers at this level have thus a very special responsibility in the shaping of a child's personality. They share this responsibility with the monitors of leisure-time activities and with the family, or with other educators (religious institutions, for example).

As rightly pointed out in the report by the NGO forum set up during the International Conference on Drug Abuse and Illicit Trafficking, a holistic approach should be adopted in order to reduce the supply of and demand for narcotics. A holistic approach is one in which the needs of persons and of the community are envisaged as a whole. The teachers, whose task is not only to transmit knowledge but, above all, to help the pupils to build their personalities, must be specially trained in that approach. With the aid of training, the teachers can help their pupils to live in tune with their environment and at peace with themselves, and along with others, to face their problems, to withstand conflicts, to make reasoned choices and to gradually build up their critical faculty.

Such is the general goal which primary school teaching, and, further, basic education should set for themselves.

It is therefore necessary to see that the importance legitimately given to basic training does not detract from the general purpose of education, which is to train children for a healthy and balanced life. The fact of seeing his pupils in front of him in the class for some 30 hours a week enables the teacher, if his training has been adequate, to observe the various difficulties encountered by them. These difficulties may affect individual pupils or groups of them.

Among the difficulties affecting individual pupils, the teacher may observe health problems and abrupt changes in behaviour. He can then take action by warning the parents and discussing the matter with the headmaster and, where they exist, with the school doctor and nurse or with the social worker.

The difficulties affecting groups of pupils include various types of conflicts which may arise among them. Confrontations with neighbouring pupils and unduly keen competition between pupils or groups of pupils hinder the work of the class and the teacher must help the pupils to meet these challenges.

By helping pupils to overcome individual crises and to deal with the conflicts, the teacher will help to strengthen their personality and equip them better for facing life's problems. This role is particularly important at the time of pre-adolescence, which comes at the end of primary education. This is just the moment when preventive education against the use of drugs must be directly applied. It will be an extension and a clarification of the general educational activity carried on previously. This first set of lessons in preventive education will lay the basis for a continuing education both for the pupils who leave school at that crucial moment of their existence and for those who continue their education in a secondary school.

2.2.3 *Activities at the secondary level of teaching*

The educational problems encountered by teachers in secondary schools are much more complex by reason of:

— The age of the pupils; and

— The organization of the teaching activities.

The age of the pupils: ages range from 11 to 17/18 years; they have therefore reached adolescence and are confronted with a variety of crises. This is the age at which drugs are first encountered. It is also the age at which school failures become serious and in which the "guidance" received can be painful. All too often the school system creams off the good pupils and channels them into long and prestigious forms of learning. Conversely, the bad pupils are channelled towards vocational training establishments. They are the ones who run the greatest risks and it is for them that preventive action is of particular importance.

Organization of teaching activities: the teachers are specialized and a class has a minimum of four teachers. Education, however, is more than ever a problem of team-work. An educational team consists of the teachers, the monitors and the administrative staff. It is essential to have a good team leader and to co-ordinate action with the other participants in the educational process, who are often more numerous than in primary school: educators, monitors, career consultants, social workers, school doctors and nurses, etc.

The tasks of the teachers are complex not only because of the age of the pupils and the organization of the teaching activities but also because of the need to act at the level of knowledge in the strict sense of the word as well as at the level of know-how and training in "being", which are vital for an increasing number of pupils of vocational and technical training establishments.

In terms of knowledge, it is essential to impart information on drugs and the effects of drug-taking on health; this concerns more particularly the biology teachers, although they are not the only ones. Biology courses include hygiene lessons on the consumption of alcohol and tobacco, but because of the comparative novelty of drug consumption, the subject is not always mentioned. Human physiology is also taught at various levels: in the French secondary schools it is part of the curricula of the fourth class (concluding year of the first cycle) and of the terminal class. These lessons are important for the prevention of drug consumption, since a good knowledge of the functioning of the human body, especially the nervous system and the influence of drugs on human physiology, will provide the pupils with basic instruction enabling them to appreciate the hazards of drug consumption. In this field, a link must be established between the teaching of biology and physical training in sports. This is not only because a knowledge of anatomy is necessary in both subjects, but also because of the desirability of stressing the extent to which drug consumption has a harmful effect on physical exercise and the practice of sports. A knowledge of these hazards should enable pupils to avoid them. Such knowledge can be reinforced by calling upon specialists from outside the school: for example, those who are members of the *Association Médicale Nationale d'Aide aux Ecoles contre la Drogue* in Paris. The work of information and training must be broadened in scope either by means of interdisciplinary activities or through "health clubs". Interdisciplinary activities imply organized consultations between the teachers involved and should make it possible to study drug problems arising in branches of study other than biology and physical training and sports, namely literature, history and geography, to mention a few. The "health club" approach is more flexible and although it only mobilizes volunteers, one can learn to answer the questions asked by pupils more effectively.

At the level of training in "being", the teachers must continue, adapt and strengthen the process begun in primary school, but this implies team-work and close consultation among persons with an educational responsibility. The general objective remains the same; free communication between teachers and pupils should be developed so that the pupils can talk about their needs, their difficulties and their problems. It is essential not only to create a general climate favouring discussion, but also to make provision for individual "confidential chats" by various means: organization of a tutorial system or the training of certain teachers or school health nurses to ensure that pupils in difficulty are listened to sympathetically and given advice, and that the competent teachers can talk to the parents of these pupils on the subject.

The process of training in know-how will enable pupils, particularly in vocational and technical schools, to prepare for their professional activities. Obviously, young persons who have been correctly trained will be able to pursue a profession that will give them satisfaction and provide them with a steady income. This will be conducive to avoiding drug abuse.

2.2.4 *Activities in the extra-curricular and extramural sectors*

In these sectors, the teachers work in a team with educators and monitors of groups of young people from various organizations.

Many people concerned with the problems of youth have observed that a large number of children are left to themselves during most of the time spent outside school. Hence the emergence of a variety of leisure-time educational associations, such as the boy scout and girl guide movements, reading clubs, model clubs, holiday camps, youth centres, etc.

The specific aims and activities of these organizations vary a great deal. Their purpose is either to continue training for life outside school and within a more open context using leisure-time and/or open-air activities or to help children in difficulties at school by means of supporting activities, or to help children excluded from the school system for various reasons (failure to learn or family difficulties) by means of pre-vocational training activities. In many cases, the general purpose is to integrate young people into active groups in which communication between those persons and adults can grow up around a common project.

The activities of these organizations are intended:

— To facilitate the integration or reintegration of young persons into the community;

— To make them share responsibilities;

— To teach them, by way of action, to take personal decisions.

One of the consequences of those activities has been to lead young people away from drug consumption. In this way, the organizations active in the extra-curricular and extramural sectors play an important role in preventive education.

2.2.5 *Activities of educators[5] in relation to the media*

— *An important observation*

In a great many countries and particularly in the towns and cities of Western countries, many children are exposed to the influence of the media—posters, newspapers and comic strips, broadcasting and television—without the educators and parents being fully aware of it.

The children systematically pick up an enormous amount of highly varied information, the influence of which is all the greater in that its form and style are striking, occasionally aggressive and nearly always appealing.

— *The utilization of the media by educators*

Educators cannot afford to ignore this audio-visual "bath" into which young people plunge delightedly whenever they can.

It is essential for them to make the young people with whom they work talk about what they can remember; this must be done from the earliest age because many children of 3-4 years watch at least the so-called "children's" programmes, which are in fact a curious mixture of cartoons intended for their good and other items showing the triumph of force, cunning and violence in their starkest form. At all levels, every opportunity should be taken to discuss

with children, above all in class, what they have seen on television: for example, during exercises in expressing ideas, drawing lessons, essay-writing or more specialized lessons, if the occasion is right, for instance biology, in addition to informal conversations conducted outside school.

All these activities must be primarily aimed at helping the children to introduce some sort of order into the jumble of overwhelming impressions gained from the audio-visual media, and then at encouraging them to discuss critically what they have seen and retained on the basis of ethical principles and rational criteria. Clearly, one must make some allowance for imagination and make-believe, but young people must also be helped to work out for themselves which things belong to which domain.

It is not enough to discuss young people's impressions—one should have a television set and a sound recorder available and hold a group showing of selected programmes. The exercises which follow such shows (expressing ideas, essay writing, drawing, reporting in various forms, etc.) would be particularly useful for the educators who can then, on the basis of the young people's response, take more useful steps to achieve the objectives indicated above.

— *Action by the educators on the media*

This action can be of two kinds: *(a)* sending in of observations to those responsible for the programmes which in the view of the teachers have influenced the young people with whom they work; and *(b)* co-production of documentary material which the educators consider desirable.

(a) Comments on the programmes

These comments should not only be critical. In the first place, the producers of programmes are not liable for certain erroneous interpretations by the pupils; in the second place, it is very important to draw the producers' attention to items which have a beneficial effect on the knowledge, conceptions and reactions of the children. The comments would help to establish a dialogue between the producers and the users, a dialogue which would be of benefit to all, provided that the educators do not think like censors, but adopt the attitude of agents participating in an educational process side by side with the producers working in the various media intended for the young.

It would be useful if teachers' and educators' associations could set up educator-media liaison committees with the participation of representatives of the media and the parents' associations. A major objective for such groups would be to examine, among other things, the role of the media in the prevention of drug abuse.

(b) Co-production of documentary material

This could in certain cases be envisaged by these liaison committees or by any educator or group of educators desirous of publicizing an educational experiment or programme for the prevention and reduction of the demand for drugs. The educators are those best placed for supplying the substance of the material whether it takes the form of a newspaper article or of an audio-visual film, but they will have to co-operate with the specialists from the media in order to produce material for mass circulation. By doing this for the general

public, they would advertise their educational work and possibly alert other educators or parents of school-children who have either kept away from this type of action or who have conducted action to prevent and reduce drug abuse in a different way.

2.2.6 *Activities in the training of personnel concerned with prevention*

In the course of the present study, stress has been laid repeatedly on the need for team-work on the part of all those active in the field of the education of children and adolescents, i.e., the staff of the media, teachers and educators of diverse origin, headmasters and headmistresses, educational counsellors, inspectors, senior staff of the relevant ministries (National Education, Youth and Sports, Popular Education, for example), school doctors and nurses, parents of school-children and, in particular, the leaders and more active members of their associations, pharmacists, police officers entrusted with prevention problems, Juvenile Court judges, youth group leaders, etc.

This is a very broad range of people, some of whom will only come into play very late; provision must therefore be made for action by them at different stages, though in a coherent manner. For example, certain groups should receive the most complete initial training possible, while others will only be able to participate in more flexible continuing training; it must be clear, however, that such training is open to all.

Initial training

This will apply basically to:

- Teachers and some of the educators;
- School doctors and nurses, plus certain doctors who specialize from the outset in the problems of young people and adolescents;
- Pharmacists (at least those in charge of pharmacies);
- Social workers;
- Police officers entrusted with prevention;
- School psychologists.

The initial training should include several stages:

- A specialist stage which could take the form of a credit course in drugs and their effects on the young. This course could be common to the various specialists concerned. It would not be very realistic to make it compulsory for all teachers. Only a few volunteers who would be called upon to act as "resource persons" or "relay adults" in schools later on would be expected to attend this instruction;
- Three psychology courses: One concerning development of the specialist's personality, a second on interpersonal communication, and a third on the shaping of the pupil's personality.

The teacher must have a strong personality since he will be confronted with difficult situations. *Inter alia*, he will have to be trained in decision-making and in self-evaluation.

Training in interpersonal communication is necessary for all those involved in the problems of prevention, and further for all professionals whose work entails

such communication: for example, medical and paramedical personnel. This includes, in particular, training in active listening to others and in the ability to give expert advice and make recommendations in precise terms easy to understand.

Training in personality building for young persons of school age also appears necessary for those involved in prevention activities. It must cover, in particular, the various crises and warning signs which point to the beginning of difficulties with the family, the school, and various social groups, or difficulties due to growing up and its problems. All those concerned must be in a position to detect promptly the first signs of crisis in order to come to the assistance of the vulnerable young person who may turn to drugs if not helped in time. These persons must be convinced of the need for team-work and must have experience in it so that they can promptly confer together and help to improve the physical and mental health of pupils with problems and strengthen their personalities.

Training in personality building forms part of the psycho-pedagogical training of teachers which must, moreover, be reinforced and rendered more active and more practical. The whole world has entered a stage of rapid change and school systems are being affected by it. In particular, modern techniques (audio-visual, computers, for example) are transforming the traditional methods of transmitting knowledge. "Machines" in the broad sense will be taking an increasing place in school and the teacher will be called on more and more to play the role of psychologist and pedagogue. The vocational training of teachers will have to be re-thought in that perspective and the shaping of the young personality will have to be incorporated into it for purposes of drug prevention.

Following this initial training, or concurrently with it, continuous training should be available to all those who help to educate young people of school age and who volunteer for training as a consequence. This can be done in the form of seminars dealing with drugs and, second, with psychological problems. Such training in psychology could be subdivided into three major courses that are closely interrelated:

(a) A course of lessons and exercises aimed at consolidating the personality of the specialist involved in preventive action: this is essential because of the delicate situations in which these specialists may well find themselves and which always require great self-control.

The consolidation must take place in the moral sphere and also in the psychic sphere. In the moral sphere, the specialist must have a clear perception of the values to which he subscribes, which are obviously the values of the society which his activities help to defend. It is therefore necessary for him to be able to explain these moral values and also for his behaviour to be in harmony with them. It is only when he adopts a healthy attitude towards drugs that he can act effectively in the field of prevention. These objectives can be attained by means of discussions, case studies and play-acting followed by frank talking, etc.

In the psychic sphere, the specialist must be trained to analyse his personal experience and to make quick decisions. The purpose is to make him acquire strength of character, sound judgement and an ability for evaluation of the results of his own actions.

(b) Improvement in the relationship between the specialist and the other persons: this is essentially gained by means of training in interpersonal communication, as described above.

(c) Building up the personality of school-age children; this has also been described above.

Every State and every organization must work out the forms and content of these seminars with due regard for their resources and socio-cultural traditions.

2.3 The need for team-work

To begin with, let us see what the interested parties think: an investigation was carried out by the National Institute for Health and Medical Research (INSERM)[6] in France (1984) on the wishes of young people in the matter of information on drugs. To the question: "which are the best sources of information on drugs?" the young peoples replied:

Drug addicts	29 per cent
Doctors	24 per cent
Teachers	4 per cent
Parents and friends	2 per cent
The media	1 per cent

Moreover, an opinion poll carried out by CSA/*La Vie*[7] in March 1987, which covered a national sampling of 1,000 persons aged 18 and over, produced the following results:

According to you, the information and prevention relating to drugs should be, as a matter of priority, the work of:

The parents	74 per cent
The school	20 per cent
The doctors	7 per cent
The media	4 per cent
The army	1 per cent

(The total is higher than 100 because multiple replies were possible.)

The dates of these two surveys are too close to one another for any change to have occurred as a result of the passage of time. The conclusion must therefore be drawn that the two groups surveyed have totally divergent viewpoints. The young people are obviously labouring under a delusion regarding the chances of obtaining information on drugs from drug addicts themselves. All those who are aware of the situation know that drug addicts who talk about drugs are only proselytising. If we disregard this totally unrealistic source, there remain, in the following order: doctors, teachers and parents.

Adults mention the same sources, but in a different order: parents, school and doctors. It is clear that these are the main dispensers of information and education in matters of drug consumption.[8]

The effectiveness of education in reducing drug consumption depends on how far these groups co-ordinate their respective activities. It would be disastrous to allow each group to act on its own. It can be easily observed in the course of public debates that many people from each of these groups have a tendency to view their role unconsciously in terms of power. The parents wish to control alone the education of their children. They deny all other persons the right to talk about drugs to their children. Certain doctors claim to be the only

ones competent to inform the young on the subject of drugs. Some teachers reject any outside intervention in their classes. These exclusive attitudes are very harmful.

Training the young to resist the temptation of drugs is a difficult task. It pertains to the knowledge of "being", to attitudes and to behaviour more than to knowledge proper. It is a complex field, difficult to master and one in which all adults who are in contact with the young play a part, whether consciously or otherwise.

Hence there is need, first, for those adults to become conscious of their influence and of the manner in which it is exercised. This awareness can be facilitated by group discussions, under the supervision of psychologists trained for the purpose, whose observations are analysed, compared and then discussed and explained before the group. Obviously, this type of exercise must be repeated several times so that the awareness of each person involved is complete. These groups must comprise a maximum number of persons: adolescents, teachers, doctors and parents. The presence of adolescents is desirable if they are sufficiently mature and if the other participants accept them; in certain cases their presence might be deferred until a number of discussion meetings have been held, or else confined to a few meetings with the participation of only a few adults who accept the desirability of this type of approach. In all events, the discussions must bear on the role of each of the participants in the prevention of drug consumption. The intention is to arrive, when awareness has been gained by all, at a joint approach to the team-work.

After an interval of time (to be determined by the participants themselves), further meetings should take place to take stock of the work accomplished and decide on the follow-up.

3. SUGGESTIONS REGARDING THE INTERESTS AND ACTIVITIES OF ORGANIZATIONS WORKING WITH AND FOR TEACHERS IN THE FIELD OF PREVENTION

Teachers exercise a direct effect on prevention by implementing proper educational programmes (see targets 3 and 5 of the Comprehensive Multidisciplinary Outline adopted by ICDAIT). Some of them play an indirect part by leading leisure-time activities (see target 6 of the same Outline).

We will consider the assistance which may be rendered to them by the agencies concerned with those two fields, drawing a distinction between their action at the national, regional and international levels.

3.1 Proposals for the activities of the various organizations at the national level

Numerous organizations participate in educational programmes of prevention—governmental as well as non-governmental organizations. A wealth of experience has been accumulated by a large number of persons working in one or other of these organizations. It is important to collate and analyse that experience and to draw on it for guidelines for activities that promote prevention.

The necessary co-ordinating bodies must be set up for the purpose of gathering and analysing the scattered information available.

There often already exists a national co-ordinating body for the control of drug abuse. It would be desirable for every Government to possess an inter-ministerial body and to equip it with the necessary means of action. It would likewise be desirable for all groups, associations, clubs, and youth movements involved in prevention to set up co-ordinating committees or liaison offices at the national level to co-ordinate their activity with the appropriate government body.

These two bodies could establish a multidisciplinary group of experts comprising teachers and educators with experience in the prevention of drug consumption.

A multidisciplinary group of this kind could be entrusted with the following tasks:

— Gathering of the documentary material on prevention campaigns already carried out;

— Analysing the documents;

— Organizing the evaluation of the educational material produced, or, if an evaluation has already been made, examining whether it is complete and whether it was conducted with sufficient care;

— Making realistic proposals for a national strategy of preventive education in the various educational institutions and among young persons not attending school.

Once this national strategy is adopted by the competent government authorities and non-governmental organizations, the same group of experts could be made responsible for preparing a plan to implement it.

In order to meet the criteria set by the science of education, this plan should cover the following phases:

1. Epidemiological studies on drug consumption as applied to the various groups of young persons targeted by preventive education, unless there already exist recent studies on representative samples of these various categories (secondary school pupils at various levels, vocational training students, technical education students, young persons not attending school, young illiterates, etc.).

2. Preparation of teaching programmes adapted to the various groups involved in the prevention of drug abuse.

3. Training of a group of teachers and educators capable of applying the experimental programmes.

4. Projects for testing the programmes on representative samples of young people. The testing should include an initial evaluation and two final evaluations: one on completion of the programme and the other three months after completion.

5. Revision of the programmes in the light of the results of the evaluations.

6. Training of a new group of teachers and educators and retraining of the first group.

7. The application of the revised programmes to larger groups than those of phase 4.

Resources permitting, a new evaluation could then take place, followed by further review. It should be pointed out, for example, that the Anglo-Danish programme *Facts and Feelings about Drugs, but Decisions about Situations*[9] is the outcome of three evaluations and three successive reviews of prototypes gradually improved. This is one of the best known programmes.

At all events, these preventive educational programmes must include lessons on the negative and harmful effects of drug abuse, but they must stress above all the benefits of a healthy and drug-free life-style.

In the schools, preventive education should not be treated as a subject separate from the rest of the curriculum but should be incorporated into the subjects already taught (biology, social and family education, language and literature, ethical standards, human or social sciences, etc.). Incorporation has two advantages:

— It involves several teachers and avoids the risk that the teaching corps as a whole may disregard it and leave all the responsibility in that field to a single teacher;

— It avoids overloading an already heavy curriculum by adding a new subject. Experience shows that any addition evokes protest and rejection on the part of the pupils, the teachers and the parents.

Because of the desirability of involving a maximum number of teachers and of team-work with the other specialists concerned (popular education leaders, youth educators, doctors and paramedical personnel, social workers, etc.) and with the parents of pupils, it would be worth while organizing a motivation campaign with the co-operation of media personnel.

In the youth centres or other bodies offering educational services for young persons not attending school, education on the prevention of drug abuse must also be incorporated into the programmes as a whole: post-literacy courses, health education, training for everyday life, etc.

The production of appropriate teaching materials for the teachers, monitors, pupils and other young persons must take into account the constraints peculiar to each situation:

— The technical and financial resources of the governmental or non-governmental organizations involved in the preventive education campaign;

— The equipment available to the schools or youth centres and other organizations for young people not attending school, etc.;

— The methods and techniques used by the educators.

If this material is produced on the spot with the use of locally available resources, its cost can be very low.

The process of initiating the preventive education campaign as described above can be adapted to the various situations which may arise. In the light of national priorities or of the dynamism inherent in each educational subsystem, the process may be initially applied either in the governmental school sector or in the private school sector, or in the informal educational systems involved.

It goes without saying that the independent organizations concerned with education which have kept apart from the national co-ordinating bodies may, subject to the laws in force, participate in the preventive education campaign in accordance with their own strategies, programmes, methods, techniques and teaching materials.

This set of activities should have many positive repercussions:

— A general improvement in the quality of education imparted to the pupils and young persons and that of the training of teachers and educators, who will focus their efforts on general training for a healthier and drug-free life as well as an effectively productive life;

— An improvement in the relations between parents, educational centres and children and adolescents, since the representatives of the parents' associations or parent groups will be associated with all stages of the process of elaborating preventive education programmes and will be able to organize, depending on the programme, information meetings and refresher courses for their members;

— Better co-operation among all the specialists involved in the prevention campaigns (health educators, doctors and paramedical personnel, police officers, school psychologists, social workers). All these groups will be kept informed of the work of the specialists and will be associated with that work to the fullest possible extent. They may then benefit from one-day information meetings, refresher courses and changes in their original training.

This will be a long and exacting task. Several years can be expected to elapse between the moment when the first committee of experts is organized and the moment when the preventive education programmes are in general application.

The foregoing suggestions are therefore aimed at producing medium-term changes, which may, moreover, vary with the country and in accordance with the number and experience of specialists available, the customary methods of work and the resources available for such activities.

It is meanwhile essential to improve the present situation as quickly as possible. It is possible right now to set up a group of experienced persons to review the teaching material available, evaluate it and arrange for the use of it in the various institutions engaged in educational activities for the benefit of the young.

Greater use must also be made in the schools and in the youth centres of all the specialists and all the voluntary workers available, in particular all the monitors who have already acquired a great deal of experience in the various associations, foundations, leagues and other non-governmental organizations participating in youth education. This co-operation must be promoted through decisions taken at the national level, in particular by setting up a co-ordinating body—an interdepartmental anti-drug committee (or any other body with a similar function)—bringing together the NGOs concerned with the same problem. This co-ordinating body would determine the procedures (instructions to the inspectors, education counsellors, headmasters, directors of youth centres, for example) that could facilitate this co-operation.

The establishment of regulatory framework of this kind, and any other measures which may be jointly decided, would make co-operation possible at the local and regional levels (the term "regional" being understood here in its traditional sense of a subdivision of a country and hence virtually synonymous with "provincial").

3.2 Proposals for the activities of the various organizations at the local and provincial levels

At local and provincial level (or departmental, or regional as the case may be and according to the terminology used), co-operation between communities, communal associations, local and regional, educational and adult education services, law-enforcement authorities, health and social services represented on the spot is essential in order to prevent drug abuse.

The members of these communities, associations and services must have the necessary documents available to inform them of and teach them about the hazards of drug abuse. Those who so wish should be able to meet the teachers, educators and members of the associations of parents of pupils in order to agree on a programme of action at local level, or more specifically and more modestly, at the level of a teaching institution or youth centre. The results of these programmes should be evaluated and then be either amended or more widely disseminated on the basis of the evaluation.

As part of these prevention programmes, local political leaders, representatives of certain law-enforcement activities, doctors, pharmacists and other specialists concerned can take action with the pupils and young people to combat drug abuse.

Such action should not be sporadic; it should form part of an overall educational project having the general purpose of promoting a healthy and productive life. Accordingly, the members of community groups can play more of a long-term role by helping the teachers and educators to guide the work of the young people for whom they are responsible, since experience shows that all too often the numbers in the classes or in the adolescent groups are too great for a single educator to cope with or to enable him to foster active and effective preventive education.

With the routine and continuing assistance of voluntary workers from anti-drug associations, it should be possible to make pupils and adolescents work more effectively, evaluate the results of their work and inform other associations and communities of the experience gained and the results yielded.

3.3 Suggestions for the activities of the various organizations at regional and international levels

At the regional level, the various associations and non-governmental organizations concerned with educational prevention programmes should set up a liaison office and meet at regular intervals to exchange information on their prevention activity and to co-ordinate the work involved.

Similarly, the regional bodies should set up regional documentation and training centres for the benefit of individuals and services playing a part, or preparing to play a part, in preventive education.

Such documentation should cover all aspects of preventive education in the region: educational strategy, programmes and methods of formulating such programmes, teaching materials, training of participants, evaluation of their activity, etc. Obviously, the documentation will have to deal essentially with those aspects which relate to the socio-cultural traditions of the various countries of the region. Such regional centres should also, jointly with the regional liaison office of the non-governmental organizations, organize training seminars and workshops for persons in charge of preventive education in various countries, and undertake exchanges of specialists between countries in

order to facilitate the spread of information and enrich the experience of all concerned.

These two bodies—the NGO liaison office and regional anti-drug office of the international organizations—could constitute the core of a network for co-operation between institutions, organizations, programmes and projects involved in preventive action, drawing on the experience of the co-operation networks set up by UNESCO to promote educational innovation in the various regions, for example, APEID (Asian Programme for Educational Innovation for Development), NEIDA (Network of Educational Innovation for Development in Africa) and so on.

Using these networks, it should be possible to examine the possibility of establishing co-operation enabling preventive education in the abuse of drugs to benefit from the innovation taking place in all branches of education.

Co-operation networks would facilitate the exchange of information on all aspects of preventive education and would also make it easier to ensure contact between the various specialists in the form of study tours, seminars and exchanges of personnel.

The regional liaison office of the anti-drug organizations should also maintain close relations with the regional representatives of the intergovernmental organizations concerned in education and health (UNHCR, WHO, UNICEF, etc.) in order to work with these organizations on educational programmes aimed at the vulnerable population groups for which they are responsible (refugees in particular).

3.4 Proposals for the various organizations promoting leisure-time activities at the national level

Government bodies and non-governmental associations which are active in the field of leisure-time activities would do well to co-ordinate their action more effectively so as to develop those activities further and make better use of them in combating drug abuse.

Indeed, leisure-time activities (sports and open-air activities, cultural events, community services, for example) help to develop among young people a sense of responsibility as well as their ability to live in an active and creative group. These qualities will help the young to avoid the temptation of drugs and enable them to play an active and responsible role among their peers, who will thereby be able to avoid the trap of drugs. It is therefore essential to promote the participation and taking of responsibility by the young in the management of leisure-time activities which concern them, and to do so at all levels.

At the local level, it would be best for those directing such leisure-time activities to meet regularly with the teachers and educators of their sector so as to enable them to pick out young people in difficulties, while there is still time, and to carry out jointly supporting activities by which to meet the challenges. In the absence of this support, adolescents—particularly those belonging to vulnerable groups—are at risk of turning to drug consumption.

It goes without saying that the monitors of these leisure-time activities, just as the teachers and educators, must themselves set a good example by living a healthy and drug-free life. Those concerned with sports must also answer their pupils' questions on the subject of doping. In this regard, they should draw a distinction between doping and drug consumption but stress that the abuse of drugs is an obstacle to the practice of sport. Here is a chance to develop the

aspect of preventive education which stresses the lasting and beneficial joys of sport in contrast to the transient and destructive pleasure gained from the consumption of drugs.

The government bodies, non-governmental organizations and persons in charge of various media must lend their aid and support such activity, in particular by producing appropriate educational material. Moreover, the teachers, educators and, more particularly, the physical training and sports teachers and monitors should instil in the young people they guide a sense of team spirit, comradeship and fair play. The practice of these ethical values by the young will help them to live a healthy and well-balanced life and can be of help in keeping them away from drugs.

Lastly, at the equipment level, young people should be provided with the necessary facilities and should be given the greatest possible responsibility in the management and upkeep of the equipment.

Government bodies have a liability not only with regard to their own nationals but also to foreign tourists who visit their country. It is a fact that certain rumours—the source of which is difficult to pin down—are being spread among young people in countries with a comparatively high standard of living. As a result, some young people imagine that drugs are easier to obtain at places where they are produced and when these young people are away from their normal surroundings they are strongly tempted to "try" exotic drugs. Government authorities should therefore issue a clear warning in the major vernaculars of foreign tourists to the effect that, in the country visited by them, there is an anti-drug abuse programme and that the illicit traffic in drugs is severely punished. The national bodies concerned should not make an unduly negative impression in this sense. It would be a good thing to encourage young tourists from abroad to join in the leisure-time activities of young nationals. This would foster international understanding and thereby even dispel the bias in favour of drugs, but it would be, more than that, a living example of solidarity among all men and would encourage positive sentiments strengthening an attachment to a healthy and drug-free life.

3.5 Proposals for these same activities at the national and international levels

Co-ordination at the regional level is also necessary for the sports and cultural organizations, whether governmental or not, in the countries of a region. The co-ordination will make it possible to exchange experience concerning programmes combining physical training and sports with preventive education. If there have been successful experiments in this field in one or more States of the region, the specialists of other States could visit them and take part in such programmes, while the body co-ordinating these activities at the regional level might possibly organize one or more seminars on the same subject.

4. EXAMPLES OF PREVENTIVE EDUCATION PROGRAMMES, METHODS AND TECHNIQUES

The following examples have been taken from a number of experiments, not all of which have been put into effect to the same extent. The first, which is also the most complete experiment, took place in Switzerland and, to a lesser in the east of France.

4.1 Description of the health education programme of the Swiss Institute for the Prevention of Alcoholism (ISPA/SFA)

The Swiss Institute is of the view that some of the causes of the improper consumption of substances inducing drug dependence have their origin in early childhood. It is therefore essential to make a very early start with education designed to prevent the emergence and consolidation of these causes, and to adapt the form of education to the development of the child's personality.

Three important phases have been identified and three teaching kits have been produced:

— "Children's game(s)" for the 7- to 9-year-old group;

— "Living together" for children between 10 and 14 years of age;

— "I'm taking part . . . at present" intended for children from 13 to 16 years of age.

These three kits are tools intended to help the teachers and parents to shape the personality of the pupils and encourage them to avoid the abuse of drugs later on.

The exercises are adapted to the interests and intellectual levels of each age group.

For the children in the 7- to 9-year-old group, they are described in annex I, for the 10- to 13-year-old age group in annex II, and for those in the 13 to 16-year-old group in annex III.

4.2 Evaluation of the ISPA health education programme

By the end of November 1987—the last date for which information is available—the ISPA programme had only been partly evaluated.

The two kits intended for secondary school teachers and pupils aged 10 to 13 and 13 to 16 ("Living together" and "I'm taking part . . . at present") have not been the subject of any evaluation or of any progress report (see annex I).

On the other hand, the kit "Children's game(s)"—a health education programme for pupils between the ages of 7 and 9—has been the subject of three separate studies relating, respectively, to:

— French-speaking Switzerland,

— Italian-speaking Switzerland (Ticino), and

— the French Department of Haute Saône (see annex II).

4.3 Preventive education against drug abuse in France

For many years, the attention of the public has been concentrated on the abuse of alcohol, which, it is true, is an important cause of mortality in France. The National Anti-Alcohol Defence Committee has made intensive educational efforts in recent decades, geared particularly to children and adolescents. Pamphlets containing shorter versions of lessons, mathematical problems, extracts from literary works describing drunkards, etc. have been distributed to teachers, so that instructors in various subjects can play their part in preventive education.

Young people of school age have proved to be a much more interested audience than was imagined. Repeated surveys show that alcoholism is thought

of as an evil and that this negative view is strengthened after lessons in prevention, but it is impossible to say what the long-term impact of this education will be. In fact, there has not been so far any drop in the consumption of alcohol per capita. France still ranks second in the world for per capita consumption and other intoxicants have now joined this national drug.

The Ministry of National Education has decided to co-ordinate the sporadic efforts at preventive education, in order to meet the growing risk. Its activity consists chiefly in training volunteers among the personnel of secondary schools, who can in this way form "relay teams" in which teachers, doctors, nurses and social workers work together.

The first training course took place in 1983 and five have been conducted so far; 100 volunteers have been trained during each of them, making 500 in all. There is, in addition, training for small groups of 20 volunteers on more specific problems: for example, the problem of rumours that are spread concerning drugs, which is dealt with in a two- to three-day course by a specialist in communication.

The teachers thus trained operate:

— At the personal level when a pupil comes forward with a problem or expresses the wish to talk about his difficulties;

— At the class level when the whole class asks for a problem to be discussed.

In all these cases, the teachers act jointly with the medical personnel and the social worker. In the case of confidential personal communications, they listen, advise, stress the values involved, give the information that is available to them and, where appropriate, pass on the case to the social worker, the nurse or the doctor. Each of them has his role to play and it supplements the action of the first to have been contacted. In the case of an intervention for the benefit of the whole class, the entire team goes into action so that each of its members can reply to the questions connected with his specialization.

This teacher training has been undertaken since teachers used not dare to approach a problem for which they had not been trained; whenever their curriculum obliged them to talk about it, for example in the third grade (end of the first cycle), they often called upon outside associations and sometimes made use of former drug addicts. This sporadic activity sometimes lapsed into a sort of proselytising, so much so that the headmasters and headmistresses were able to observe that drug problems became more frequent afterwards. Since the establishment of relay teams, most of the heads of the schools have avoided occasional action by outside teams in preference to long-term educational activity.

This form of education lays stress on listening to the adolescents and on the improvement of teacher-pupil relations in the institution. It is aimed at helping young people to be able to take the necessary decisions and to acquire a sense of responsibility.

Another form of indirect action is to discuss problems which arise in "health clubs" made up of volunteers (pupils and teachers) meeting outside school hours; these clubs function very well in the provinces where the pace of life is more relaxed than in large towns. But they deal with problems of preventive education only in a secondary manner, when the matter has become urgent.

Officials in charge of this activity have observed that after three years, the use of illicit drugs becomes stable, while alcoholism increases, and so does the use of medicaments diverted from their proper use.

The situation with regard to the teachers follows a similar pattern. Earlier on, the teachers came essentially from the grammar schools and wanted to receive training on the subject of toxic products, drug addiction, and the various forms of treatment. This training was provided by doctors. Later on, knowledge of drugs became widespread, the various media dealt with them at length and the demands of the teachers took a different turn, as was also the case with the duties of volunteer teachers.

Teachers now chiefly request information on educational methods and on what stand to take *vis-à-vis* the pupils. They want to know how to react to the demands of the young. They ask much more often about the problems of education, though also about ethical problems and matters of values. Moreover, the volunteers who were at first usually teachers of literature in the second cycle of the secondary schools, and accordingly dealt with a comparatively privileged young population, now have a much more varied background: teachers of literature, biology, physical education and family and social education; they usually come from vocational schools and colleges, a fact which tends to show that drug consumption is growing among the pupils from the under-privileged classes and among the younger pupils. The result is that more and more people want training.

They also ask questions about matters other than drug addiction: rackets, destruction of property, violence, destitution and poverty, etc. This shows that the abuse of drugs is only one of the many difficulties facing adolescents. It follows that it is essential for preventive education to develop communication between adults and adolescents in difficulty rather than to try specifically to influence drug addiction.

However, concurrently with the observations made during the training of members of the "relay teams", studies have also been made by research workers, including one by a research worker from a psychology laboratory of the University of Paris V on the perception of drugs by pupils completing their primary school (CM2) and by first-year pupils at a secondary school. It shows a basic difference in attitude. The former know more or less exactly the names and effects of five or six drugs and are wary of them. They are still receptive to the advice of parents and teachers. They are afraid of moving on to secondary school, which seems to them to be a dangerous place. Many rumours circulate in the primary classes with regard to the perils of college (secondary) education. It is, of course, in college that the pupils first come into contact with drug dealers.

The secondary school pupils say that they have all come across drugs. They do not usually believe there is any risk in trying them. They feel that, on this point, neither their parents nor the teachers have anything much to tell them.

These observations were made in Paris, but it is likely that the situation will take a similar turn in other large towns in France.

As a result of the concern shown by the Paris authorities and the national education officers, a campaign has been organized in the primary schools in the capital. Two types of material have been prepared: a 20-minute film entitled *L'histoire de Pascal* and a manual for teachers called *Attention dangers!*. These two items are described in annex III.

Preventive education is not only conducted within the context of educational institutions. It is also carried out by associations engaged in specialized prevention and by the supervised education services.

The specialized prevention associations number about 3,000 and operate in 80 Departments. They employ approximately 2,000 salaried staff and cover 50 to 70,000 persons (young people and families). The employees work in the streets or in premises belonging to their associations.

The members of these associations co-ordinate their activity with that of all the social workers of a commune, as well as the general practitioners and the volunteer teachers.

They are also required to collaborate with the locally elected officials and to harmonize the views of all the partners in preventive education by means of discussions in the councils for the prevention of delinquency at various levels: national, departmental and communal.

Annex IV reproduces an eye-witness account given by an educator from one of these associations.

The supervised education services follow up every year 150,000 young people in difficulty, 80 per cent of them under open conditions.[10] Each Department has a directorate which manages the centres and the local projects. The Department of Essonne, which is part of the outer Paris suburbs, has pursued an interesting policy of "opening up to social realities" and an "association with new partners". Eye-witness accounts of this educational activity are set forth in annex IV.

4.4 Preventive education against drug abuse in the United Kingdom and Denmark

Two experiments in preventive education have been put into effect in a simultaneous and co-ordinated manner in United Kingdom and in Denmark, one intended for secondary school pupils and the other for young people about to enter the labour market or who have already begun to work. The very fact of this co-ordination in two different countries is of particular interest from the standpoint of international co-operation.

4.4.1 *Preventive education in the secondary schools*

This education pursues two types of objective:

— To inform pupils on the subject of licit and illicit drugs, how they act and their short- and long-term effects in the event of prolonged use;

— To put the pupils in a better position to decide for themselves what to do when confronted with an offer of drugs.

There is a manual containing a report on these activities. It was published in 1982 by the Institute for the Study of Drug Dependence (ISDD) and is entitled *Facts and Feelings about Drugs, but Decisions about Situations.*[9] It suggests that teachers should work on situations faced by their pupils when an opportunity to consume drugs comes up.

In connection with teaching materials, research workers have published an interesting study on the development and evaluation of situational education on the subject of drugs. The study begins by making a critical analysis of direct approaches centred on the drugs themselves and of those centred on the personality of the pupils, which are the traditional approaches to preventive education. The study shows that the immediate impact of preventive education, which is the subject of existing evaluations, does not make it possible to foresee

what the medium- or long-term consequences of such education are likely to be. The opinions and behaviour of the pupils evolve and often diverge. An evaluation must therefore be made at least three months after the course and must deal with different aspects of the matter: knowledge, attitudes, intentions and behaviour.

All the evaluations along these lines in, for instance, the United Kingdom, the Netherlands and California show that the results of preventive education are not always those which had been hoped for. For example, the attitude of the pupils may become more strongly opposed to drugs while at the same time their opinion of drug consumers may become more moderate, a fact which leads to the belief that they might be prepared to consume drugs if they got hold of them.

Hence preventive education can have in addition to favourable effects others which are not so favourable; so we need to determine clearly the goals which it is desired to achieve so as to avoid undesirable results.

Most pupils believe that they would not consume drugs if offered them but many do in fact succumb to the temptation when it occurs. The decisive factor is the reality of the situation with which the pupils are confronted.

The whole strategy of preventive education must therefore be focused on drug availability situations. In order to be effective, it must envisage those situations which are more likely to occur in the life of the pupils and prepare them to take sensible decisions at the appropriate time.

On the basis of that situational approach, three successive prototypes of teaching aids have been produced and tested out in various classes in the schools of the United Kingdom and Denmark.

4.4.2 *Preventive education intended for young people in the labour market*

The teaching system set in motion here has been prepared with consideration for a number of studies:

— A study of the poor results so far obtained with the traditional education techniques for reducing alcohol and drug consumption;

— Recent research into culture, youth and health;

— The practical experience of numerous teachers in British and Danish schools.

The general objective of the course is to let young people help to formulate a broader concept of health as applied to the socio-economic and socio-cultural environment in which they live.

The overall strategy of the course is to conduct an active study of the local community from the health point of view, in order to respond effectively and to provide mutual assistance to improve health conditions. The manual used by teachers to give this course, which is entitled *Health Careers* or in Danish *Sundhet Karier*, was put together by two researchers: Mrs. B. Nutfolt, a psychologist at the Danish Ministry of Education, and Mr. N. Dorn, a sociologist and Deputy Director of the ISDD in London. The approach adopted is situational and is geared to situations which the young people addressed are likely to experience.

4.5 Evaluation of anti-alcohol education in the United States[11]

We believe it is of interest to examine this evaluation because it covers a long period and a large number of cases, a fact which is exceptional in this field; moreover, it incorporates the observations made by the British research workers at the ISDD.

The materials available are abundant since anti-alcohol education is important and a matter of long standing in the United States. The first legislation recommending the introduction of anti-alcohol education in the United States goes back to 1858.

The National Institute to Combat the Abuse of Alcohol and Alcoholism (INAAA), which co-ordinates the various programmes, has insisted on the inclusion of evaluation procedures in the anti-alcohol education programmes subsidized with Federal funds. This requirement explains the large number of studies available on the evaluation of this type of education in the United States: 57 since 1965.

Despite all the work successfully carried out and the improvement of programmes and methods of anti-alcohol education, its impact does not appear to be significant. More precisely, it should be noted that these 57 studies can be broken down as follows:

8 relate to primary school pupils (9 to 11 years of age)

39 relate to secondary school pupils (above 11 years of age)

14 relate to university students.

The eight studies relating to primary school pupils describe nine different programmes (one of the studies compares two programmes). These programmes have had positive results in the field of knowledge (or learning). With regard to attitudes, four of the programmes have had some success and with regard to behaviour, one alone claims to have had a positive impact, but it is true that at that age (9-11 years) one cannot really speak of attitudes to drinking alcohol since very few children are in the habit of imbibing alcoholic beverages.

As for the secondary school programmes, most of them (30 out of 39) showed favourable results in the field of knowledge.

A large number (25) showed favourable results with regard to changed attitudes but only seven revealed a positive change in behaviour (in one case, there was a change for the worse).

These 57 studies taken as a whole deal with the evaluation of 78 different programmes; out of these programmes, only 14 (i.e. less than 18 per cent) have had a positive impact on behaviour.

The results obtained are thus not very significant. It is likely that the goals set for anti-alcohol education are not pertinent. All pupils know the consequences of excessive consumption of alcohol. It would be better to deal with the influence which parents, peers and the media can have on the behaviour of drinkers.

4.6 Prevention of the demand for drugs among secondary school pupils in Spain

In Spanish schools, instruction on the subject of drugs is an integral part of health education. The teachers are responsible for it. They have been trained beforehand for that purpose and they can avail themselves of the competence of outside specialists if they consider it useful.

Health education is not treated as a new subject, but forms part of the existing curriculum, thereby involving various different teachers in this action. An interesting research plan has been devised by a research team on drug information from the Institute of Educational Science of the University of Barcelona[12] which can be found in annex V.

4.7 The national plan for the prevention of drug addiction in the Republic of Colombia

The Government of the Republic of Colombia has drafted an emergency anti-drug plan. The abuse of drugs is a national scourge which affects a large segment of the population, in particular children and adolescents.

The Office of the President of the Republic, with the assistance of the United Nations, put into operation in 1985 the National Plan for the Prevention of Drug Addiction.

In order to bring into play all the resources available, the following bodies have co-ordinated their activities:

— Ministry of Education

— *Colcultura* (Colombian Institute of Culture)

— *Coldeportes* (Colombian Institute for Youth and Sport)

— National Narcotics Council

— National Planning Department

— Ministry of Public Health

— Ministry of Agriculture

— Ministry of Justice

— Colombian Institute of Family Welfare.

Their common goal is a resolute struggle against drugs. The plan is aimed at making the whole community (parents, students, educators, private sector and public sector bodies) fully aware of the dangers of drug use. The organizations concerned seek to implement overall prevention directed at young people.

They wish to restore the prestige of values and activities which have often enough lapsed into oblivion: cultural identity, self-respect, creativity, co-operation within the school and the family, communication between individuals, decision-making, etc.

The Ministry of Education has undertaken a large number of recreational activities, which are described in annex VI.

It is intended to evaluate the process, the results and the impact of the plan so as to be in a position to reply to the following questions:

Has the programme been conducted in conformity with the plan?

What have been the results obtained as compared with those expected?

How effective has the plan been?

What have been the medium-term effects in the community?

4.8 The Organization of American States (OAS) and preventive education

The OAS organized from 9 to 13 September 1985, at its headquarters in Washington, a high-level technical meeting on education in the face of drug abuse and the problems of the use of drugs in the region (United States, Latin America and the Caribbean).

The final report of this meeting made it possible to draw up a plan of action for preventive education and for combating drug abuse, which was submitted to the Inter-American Drug Abuse Control Commission (CICAD) in April 1987.

The expert studies as well as the recommendations and comments formulated during that meeting and the plan of action for education and struggle against drug abuse have been published in the form of a monograph edited by Irving G. Fragen entitled: *La Oportunidad de Crecer: La educación frente al abuso de drogas* (OAS, Washington).

The monograph deals with the problem in its entirety and looks at the role of each of the parties involved: media, educators, churches, families, medical and paramedical personnel (see annex VII).

4.9 Lines of research and indications on the subject of prevention programmes in other cultural areas

Prevention programmes exist in other regions, in particular in Africa and in Asia.

4.9.1 *In Africa*

Programmes of preventive education have been developed in a great many African countries, both English-speaking (Ethiopia, Ghana, Kenya, Nigeria, Sierra Leone and Zambia) and French-speaking (Benin, Cameroon, Côte d'Ivoire, Gabon, Senegal and Togo).

As early as 1976, these six French-speaking countries sent representatives to Lomé (Togo) to take stock of the problems of preventive education. The first thing they observed were the ravages caused by alcohol and the increased consumption of tobacco and cigarettes, and also hallucinogens which used to be consumed only in exceptional cases. *Iboga*, for example, is consumed in the countries with a Bantu civilization although in a ritual context, which has kept the problem under control.

Lastly, a great many medicaments, often imported illegally (stimulants or depressants) were being abused. It was therefore a matter of urgency to undertake preventive action or to lay down a strategy and produce teaching materials suitable for African cultures. The activities were conducted simultaneously in the English-speaking and French-speaking countries with the help of UNESCO. In July 1979, a workshop on the production of teaching material for preventive education was organized by UNESCO at Abidjan. Côte d'Ivoire showed the first film produced by an African country—*SOS Drogue*—and Gabon produced a kit on tobacco addiction intended for teachers in the first cycle of secondary education. This material is to form an integral part of the courses on ethics and civics.

After a statement by the teacher, using basic material from the kit, a discussion is held with the pupils and themes for the study of advertisements for imported cigarettes are put forward. This is a semi-active method, the various phases of which are indicated in the teaching material supplied.

Like Gabon, Togo has devised an experiment on education in the school environment as applied to the secondary school system. The approach no longer centres on the products consumed, as in Gabon, but on developing the personality of the pupils, the purpose being to "create attitudes and behaviours which will strengthen in everyone a sense of responsibility, self-control and a critical outlook in our present world, which is a prey to moral apathy and temptations of all kinds". The emphasis is thus placed on learning how to be, without neglecting knowledge. The preventive education programme is a multidisciplinary one, which makes it possible to incorporate the necessary tuition on the nature of drugs and the problems connected with their use into the teaching of languages, ethics and civics, natural sciences, physical education and sports, philosophy and mathematics.

This form of education is being developed with the use of active methods and will contribute to the modernization of teaching methods in all branches of study. The teachers were given refresher courses to enable them to make use of the teaching materials produced and the methods formulated.

A national seminar at Lomé brought together political leaders, senior teachers, doctors, pharmacists, officials in charge of the various institutions concerned with the young (judges and police officers in particular) and representatives of parents' associations in order to inform them and to plan the extension of activities outside school; it is a fact that many young persons do not benefit from secondary education and they are the ones who, particularly in towns, are threatened most by drug consumption; Côte d'Ivoire has geared its activities mainly towards young people's and parents' organizations and Gabon has decided to look after the interests of young people excluded from school and to set up leisure-time youth centres.

In Benin and Senegal two educational projects for the prevention of drug abuse have have been devised by the national Governments, the United Nations Fund for Drug Abuse Control (UNFDAC) and UNESCO and are now under way.

In Benin, the objectives of the project are as follows:

— To reduce, if not to eliminate, the use of drugs through preventive education;

— As an experiment, to offer a limited population (that of Cotonou, 100,000 inhabitants) preventive education relating to drugs and leading to constructive community activities in the socio-economic and cultural areas and to helping adult education and mental health education to operate on a more general basis.

This preventive education project has been entrusted to the health committees of each neighbourhood, relying for the purpose on the political structure of the population, in particular the local revolutionary committees (CRL). The joint educational process involves healers, teachers, agricultural agents, members of the health services, those in charge of cultural affairs and literacy campaigns, those responsible for social affairs and militants of the revolutionary committees (CRL). The teams are thus multidisciplinary in character and represent all the existing local cadres. The monitors/educators have been trained to take part in outside activities chiefly using audio-visual aids: posters, closed-circuit television, theatrical performances, shows and songs recorded on cassettes, etc. A newspaper entitled *Winsagou (The Messenger)* has been launched to support the preventive education campaign.

In Senegal, the Government, together with UNESCO and UNFDAC, has worked out a project for preventive education entitled *Multidisciplinary research for the incorporation of preventive education against the use of drugs into the educational process.*

The action begun in a few pilot schools has been extended to outside activities. After first using the film *SOS Drogue* produced by the educational television service of Côte d'Ivoire, Senegal has now produced its own teaching materials, such as *Djumte*, a video cassette in the Wolof language on the use and abuse of drugs among young people.

At the same time an epidemiological survey has been carried out on the consumption of licit and illicit drugs, some of the conclusions of which are quoted at the beginning of the present report.

In the English-speaking countries, different strategies have been adopted:

— In Ghana, for example, preventive action has developed chiefly in the secondary schools and the teacher training centres. The Government, UNFDAC and UNESCO subsequently worked out a preventive education project, along the lines of the one mounted in Senegal. As part of this project, an epidemiological survey of the same type as in Senegal is now under way.

— In Sudan, the Government has focused its attention on the training of teachers so that they are in a position, first, to teach their pupils the hazards connected with the consumption of alcohol and other drugs and, second, to develop in them a sense of responsibility, especially with regard to drug consumption. This teaching, which takes place in a Muslim institute, is based on the study of the verses of the Koran and the commentaries on them.

— In Kenya, preventive education has been geared more to the population as a whole, in particular the parents of pupils, though also the pupils of primary and secondary schools.

There is no doubt that the problems of preventing drug abuse are extremely complex in Africa. It is necessary to educate not only the young people at school, but also those who do not attend school and those who have left school. Strategies, methods and means must be adapted to each group. Action must relate to:

— Imparting knowledge of many kinds: literacy, for example, in the case of young people who do not go to school, and educational and cultural support for young school drop-outs so that what they have learnt in class can be kept up and developed;

— Vocational training, since for young people the main point is to be effectively integrated into active life. Idleness and destitution lead only too often to delinquency and drugs;

— Cultural, recreational, social activities and sports.

All this represents a very heavy workload and casts doubt on the relevance of existing school systems; how can effective preventive education be conducted in a school so poorly adapted to the real needs of the country? Those responsible for preventive education must take part in the discussions under way in most African countries on reforming the entire educational system; this

is the only guarantee of medium-term effectiveness. For immediate purposes, however, there is need to mobilize the local resources and to make the best possible use of international assistance in order to continue and, if possible, improve the preventive education programmes which are at present being put into effect. It must be pointed out that African cultural values are one of the most important local resources and probably the most effective ones in the struggle against drug abuse.

4.9.2 *In Asia*

Several countries of Asia are affected by the abuse of drugs and are making use of preventive education to reduce the demand for drugs. In Hong Kong, an Action Committee against Narcotics has been set up. It has a section entitled "Preventive Action and Publicity" and has organized lectures in the secondary schools, reaching 45,000 pupils in 1986. It has concentrated chiefly on demonstrating the risks involved in the abuse of drugs.

The section has produced a large number of educational, sports and variety programmes that are broadcast on radio and also televised. Likewise, many concerts, carnivals, games and sports contests have been organized by the various districts and are devoted to the struggle against the abuse of drugs.

Every year a seminar brings together the principals of the colleges and the administrative staff of secondary schools to discuss the effectiveness of the action undertaken and to hear their views on the Government strategy concerning preventive education. In 1986, 350 senior teachers attended this seminar, during which a revised edition of the Drug Education Teaching Kit was distributed.

In Pakistan, the hazards are all the greater since opium and cannabis are produced locally, particularly in the north-west provinces. In that region, clandestine laboratories for the production of heroin have been set up with the help of foreign traffickers. Many adolescents belonging to the middle classes have given way to the temptation of heroin. In 1982, the Pakistan Narcotics Control Board prepared, with the help of the United States Bureau of International Narcotics Matters, an overall plan aimed at reducing the demand for heroin in Pakistan, based, *inter alia*, on prevention campaigns.

In Thailand, the authorities have recognized for a number of years the fact that drug abuse among the young can be prevented by educational measures. All the following authorities are involved in the task of prevention:

— Office of the Narcotics Control Board (ONCB) which has a preventive education division;

— Ministry of Education, in which a Committee on Drug Dependence has been set up within the Department of General Education; and

— Non-governmental organizations such as the Anti-Narcotics Co-ordinating Centre (ANCC).

Preventive education is one of the sectors covered by Thailand's fifth national plan for economic and social development (1982-1986). The improvement and expansion of preventive education at educational institutions of all levels have thus been organized. Teachers have taken action to develop the personality of pupils and to improve their physical and mental health. They have disseminated the information necessary on the subject of drugs and their effects on health. They have developed the capacity for human and social

relations. They have endeavoured to improve communication with families and within families. They have trained their pupils in making proper decisions whenever a situation requires it. This amounts to a strategy directed towards the development of the pupil's personality and the unfolding of his physical, intellectual, spiritual and emotional capabilities.

Side by side with the Ministry of Education and the Ministry of the Interior, the Thai Agency for the Promotion of Sports, the National Housing Authority and a number of non-governmental organizations have carried out joint operations to promote and support optional activities in the field of sports and leisure, public services, religion, school and vocational guidance services and medical and public health counselling.

In addition, community programmes have been set up for young people who have left school, for parents and for the mountain-dwelling minorities (the mountains are the traditional opium-producing regions). With a view to carrying out this vast prevention programme:

— A training centre which has been opened at the Office of the Narcotics Control Board (ONCB) receives and trains over 150 persons annually;

— Assistance from the United Nations Fund for Drug Abuse Control (UNFDAC) has been obtained for the implementation of two projects: the drug dependence treatment and prevention project, and the drug dependence research project (see annex VIII).

The experience of the Asian countries is extremely rich and varied. It is to be hoped that an in-depth study of that experience will demonstrate, among other things, that judicious use is being made of the cultural wealth of the various peoples of the region.

Japan could be the subject of an interesting study on the utilization of national cultural traditions in preventive education against drug abuse. In Japan, two types of spiritual exercises—Hansei and Naikan—have been employed in the educational process. Hansei is a type of soul-searching and self-criticism (to use terms current in Europe), but whose religious or political connotations may give a false picture of the process. According to information supplied by a Japanese colleague, the two characters forming the word "Hansei" were inscribed on the walls of primary education schoolrooms over the years 1930-1940, and every day a certain period of time was devoted to that type of introspective exercise, which could remain purely mental or induce self-criticism either verbally or in written form.

These exercises helped to form well-balanced personalities although they were obviously not sufficient to prevent drug abuse, in particular the abuse of alcohol; the latter is also widespread among adults who practised Hansei exercises at school.

Naikan is a method of self-observation worked out in 1940 by a devout Buddhist layman, who modified and made more flexible the Mishirabe self-exploration method which used to form part of the religious education of Shinshu Buddhist priests.[13] The Naikan technique has been used in higher education establishments as well as in reformatories and, since 1967, at centres for the treatment of alcoholics. In the latter case, it is used as a secondary preventive method to strengthen the effects of a disintoxication cure and to prevent relapse. It has proved effective, and a group of Japanese research workers[14] reported to the Second World Meeting on Naikan, held at Tokyo in 1979, the results of a follow-up of 129 alcoholics treated by Naikan therapy.

Fifty-three per cent of them had become total abstainers six months after leaving hospital. In the case of alcoholic patients who had not been treated by the Naikan therapy, the rate of abstinence under the same conditions was only 24 per cent. Taking into account those results and the experience gained in the higher educational establishments, consideration could be given to the use of the Naikan therapy at centres for the instruction and further training of teachers and educators.

5. SUGGESTIONS CONCERNING THE ELABORATION OF GUIDING PRINCIPLES FOR PREVENTIVE ACTION BY TEACHERS[15]

For the preparation of principles guiding the action of teachers in the prevention of drug abuse, we must first recall the three types of audience which the teachers have to deal with:

— The teachers themselves;
— Young people of school age;
— The parents of the pupils;

after which we can examine the action to be taken with each of these groups.

5.1 Proposals on preventive action by the teachers

In order to enlarge upon these suggestions, we should specify more clearly the audience involved. The teacher acts first of all on himself and then acts on his colleagues:

— In his institution or in his team;
— In the professional organization to which he belongs.

Let us now review the goals set for the various types of action entailed.

5.1.1 *For the teacher himself*

The goal must be:

(a) To lead a healthy and drug-free life. This implies the following objectives:

— To be able to identify clearly the various types of drugs;
— To have the strength of character to avoid them;
— To find, with the assistance of his doctor, natural treatments or a suitable therapy for resisting fatigue, nervousness, nervous exhaustion and the various illnesses which often threaten teachers.

In that manner, the teacher will avoid the consumption of painkillers, sleeping pills or stimulants, the consumption of which as a general rule is much too high among his colleagues.

(b) He must have the ability to face the failures encountered in his professional activities and to get over them. This implies the following objectives:

— To know how to make an objective evaluation of his own work;

— To be able to recognize, as soon as they become apparent, the signs of difficulties encountered among the pupils;

— To find solutions for remedying such difficulties.[16]

For indeed, it is the pupils in difficulties who are vulnerable to the temptation of drugs. The first preventive step to be taken therefore is to identify their difficulties and, together with them and, if possible, with their parents, find ways and means of overcoming them.

5.1.2 Vis-à-vis *his colleagues*

A teacher must be prepared to intervene whenever circumstances favour it, either in individual talks or group discussions. He should also do so in writing in the professional journals of the organizations to which he belongs, pursuing the following objectives:

— To help his colleagues to overcome their difficulties without recourse to drugs;

— To persuade them to engage in resolute action for prevention.

The foregoing implies:

— A strong conviction on his part;

— His availability for personal contacts and team-work;

— An aptitude for conducting worthwhile discussions.

5.1.3 *Proposals for steps to enable teachers to attain these objectives*

In order to attain these objectives, teachers must have:

— Adequate training;

— Favourable working conditions; and

— It should be possible to submit proposals on these topics to Governments and to teachers' organizations.

The Governments could take the measures necessary to improve the initial and in-service training of teachers, by including in the curricula:

— Full information on the dangers arising from the various drugs;

— Training in evaluation and self-evaluation;

— Complete and effective moral instruction;

— Training in interpersonal communication.

The Governments could, in addition, make provision in the teachers' timetable for hourly periods when they can get together with their colleagues in the same establishment. Some of these meetings would be devoted to preventive education against drug abuse, with the attendance of competent medical and paramedical personnel.

Similar steps could be taken by the professional organizations which could, moreover, promote the activities of teachers by means of articles in

professional journals and by one-day study meetings on the subjects mentioned above. These meetings could, if need be, be organized jointly with governmental and non-governmental organizations.

5.2 Proposals for preventive action with young persons of school age

Action with regard to young persons of school age can be taken in a variety of organizations: schools, informal working groups, leisure-time institutions, etc. Each of these would call for activities of different forms and based on different procedures, but in all cases the objectives to be attained are the same, to wit:

5.2.1 *Objectives concerning young persons of school age*

The general purpose is to train young people so that they are capable of leading a balanced, healthy and productive life.

The objectives for attaining this overall goal are:

— Informing the young on the dangers created by drug abuse.
Such information must be objective and connected with a broader training: knowledge of the human body, its functions and the harm caused to it by the adverse factors of the environment. These adverse factors include the consumption of drugs of all sorts. It is essential to ensure that all the above knowledge is effectively acquired before a pupil leaves school;

— Teaching pupils to react reasonably when faced with the offer of drugs;

— Teaching adolescents to manage properly their physical, emotional and intellectual development;

— Building up self-confidence;

— Instilling a capacity for self-discipline and self-evaluation;

— Developing a critical attitude towards the media, in particular advertising, notably with regard to the abuse of alcohol, tobacco and other drugs.

Thus, the objectives relating to the acquisition of knowledge and to "learning to be" are not the same. The latter process takes place in environments which are in process of evolving and it will therefore be necessary to develop a dynamic capacity for adaptation to change and an ability to overcome conflicts and to seek solutions making it possible to develop a new social harmony.

5.2.2 *Various forms of action*

The forms of action and the agencies involved will not always be the same for young persons at school and for young persons not attending school.

In the case of young people still at school, the team of the establishment and its close associates (medical and paramedical personnel, social workers) must co-operate in personality building and in providing information on drugs. Various forms of action are involved: courses of study and group work in various subjects, lectures and discussions on specific themes, tutoring and interpersonal relations and so on.

In the case of young people not attending school, or who have dropped out of school before receiving adequate education, basic training courses and practical courses are necessary. What is involved is not merely literacy in the strict sense, but basic training which includes health education and, in particular, instruction on drug prevention of all kinds. Illiterates are often the victims of clever charlatans who take advantage of their ignorance to sell them medicaments for which there are no indications at all and which are beyond the expiry date and therefore dangerous.

All young people, whether attending a school or not, must get together for sports and other such activities.

Governmental and non-governmental authorities should be advised to place at the disposal of these young people the resources necessary for performing such activities. Teachers' professional organizations have a role to play in this respect, since volunteer teachers have to be trained and given support in organizing and acting as leaders in leisure-time activities, as well as in helping the young people run them.

It is clear that the basic training provided in the school or outside it for these young persons of school age is only a starting point. The knowledge in question must be broadened and brought up to date and the personality-building has to be continued and intensified.

For all of them, a continuous training scheme must either be set up or upgraded. This can be conducted in the form of night classes or training periods, as well as in a more diffuse manner by public libraries and the media.

Those who possess any form of knowledge should be encouraged to communicate. It would be appropriate to suggest to government bodies and non-governmental organizations that they take action to promote continuing education by all possible means, in particular for the struggle against the abuse of drugs; courses or seminars can be organized, and documents published: articles, leaflets, posters, pamphlets, radio and television broadcasts in co-operation with educators, medical and paramedical personnel, social workers and the staff of the media.

5.2.3 *Evaluation of the various activities*

It is clear that an educational effort that is general in scope cannot be carried out unless its objectives are clear to all and unless the results are evaluated at different stages and at carefully chosen times. So far, evaluation has been the weak point of most preventive education programmes and an in-depth study of this essential component appears desirable.

It may be advisable to set up a group of experts on evaluation in each region in order to organize seminars for the persons concerned and, if need be, consultations for all the organizations implementing preventive education programmes in order to arrive at a programme evaluation which is as precise as possible.

5.3 Proposals for preventive action with the parents of pupils

Personality-building for the child is only possible in close co-operation with the family, just as the health education of a child can only develop as part of the dominant pattern of family health. Co-operation between the school and the family is an important condition for the success of these two aspects of

education. It goes without saying that all matters concerned with health education also involve the necessary co-operation between teachers, doctors and nursing staff.

Educational action *vis-à-vis* parents has the following objectives:

— To persuade parents that the development of their children's dynamic capacity for adaptation to change will enable them to lead a healthy and productive life and thereby avoid the temptation of drugs;

— To persuade parents that the health of their children and their own health will be better preserved by using the minimum of medicaments and avoiding the abuse of drugs that are unknown or not properly identified.

This action can be conducted directly in the course of meetings with the parents of the school-children in co-operation with the school health personnel, the social worker of the sector and the school psychologist, if there is one. It would seem desirable to hold meetings with the whole school present and other meetings separately by classes. Preventive action can also be conducted through parents' associations and their publications. It would be advisable for joint seminars on the subject to be organized by the professional associations of teachers and parents' associations.

Non-governmental organizations could be part of the preparation for and holding of this type of seminar.

5.4 Circulation of information to the various partners in preventive education

The present paragraph constitutes the conclusion of this document as a whole. It takes the form of outlines with commentaries attached, in order to make it more condensed and more visible.

Eight groups of persons who can and must play a role in preventive education have been identified:

1. Teaching staff;
2. Parents;
3. Monitors and educators;
4. Social workers (social assistants in particular);
5. Customs and police officers (particularly those who play a direct role in prevention);
6. Other adults;
7. The staff of the media;
8. Medical and paramedical personnel (including pharmacists).

All the members of the same group can exchange information among themselves and influence each other. Consideration will be given to organizing these exchanges in the form of reciprocal teaching in which each person would play alternatively the role of teacher and pupil; this presupposes, however, an organization which is at the same time flexible and complex, and therefore gives rise to problems which it has not been possible to examine in the present report.

An exchange of information and mutual influence on a bilateral basis between the various groups is also possible. Teachers can hold exchanges with any other group of people.

If all these exchanges were actually to take place regularly with some of the co-ordinators of preventive education in each of the groups concerned, the activities of all the agencies would be much more productive. It would seem that certain non-governmental organizations, which differ from country to country in accordance with the ties which already exist and the educational activities already undertaken, could play a part in facilitating communication between the various groups and thereby help to improve at little cost the activities of all concerned, who are at present much too isolated in their respective sectors.

Exchanges of this type could apply to those participating at various levels: local, regional (in the limited sense of "provincial") or national. The pattern of relationships set forth above will be all the easier to establish if the territorial division concerned is small. But these relationships are necessary at all levels in order to ensure optimum efficiency.

ANNEXES

ANNEX I

The kit *Jeu(x) d'enfant(s)* (Children's game(s))

This kit, published by the ISPA,[17] is designed for school-children between the ages of 7 and 9. It is intended to develop in the child:

— A capacity to act, to choose and to decide in an independent and responsible manner;

— A capacity to face realities and to cope with conflicts.

The kit consists of six exercises.

The objective is clearly defined for each exercise, which consists of between one and three lessons, as the case may be. For example, for the exercise entitled "What there is on the table" the objective is described as follows: "Taking a pictorial document seen by the whole class as a starting point, to induce an awareness of the relativity of perceptions and judgements as well as of distortions due to memory".

All these games are designed so as to be readily incorporated into lessons on such subjects as French, drawing, knowledge of the environment, or handiwork. There is a large share of group work in this method and the manual gives advice on performing it. Moreover, the series of six lessons makes it possible to introduce progressively the playing of roles; the manual also has a paragraph on how to play this game.

The kit *Vivre ensemble* (Living together)

This kit has also been published by the ISPA and is intended for school-children between the ages of 13 and 16 years.

Its general objectives are as follows:

— To fashion the thoughts, attitudes and behaviour of the pupils so as to prepare them for a personal confrontation with drugs;

— To combat, if need be, drug consumption by certain pupils (at this age, it is mainly alcohol and cigarettes that are involved) by reflecting on the reasons or problems which lie behind consumption.

The kit comprises:

— A teacher's copybook;

— Worksheets for the pupils;

— A letter to the teachers;

— Two letters to the parents.

The authors of the kit first appeal to the teachers. The aim of the letter addressed to them is to make them aware of their behaviour in class and persuade them to adopt a more positive form of behaviour (active listening to the pupils, praise and encouragement for the weaker ones) so as to improve human relations in the class and facilitate pupil-teacher communication. The teaching kit itself contains, first, general information on alcohol and tobacco so as to provide teachers with useful material for a discussion with the pupils and, second, information on the kit itself and its general objectives.

Finally, the first part of the kit sets out the six phases of the work.

After the first two phases:

1. Discovery of mental requirements,
2. Identification of one's own needs,

the parents receive the first letter addressed to them. It sets forth the reasons why the school is starting a campaign against drug consumption at that precise moment in the pupil's development, and how the parents can participate therein, and gives the relevant information on the consumption of alcohol and tobacco and its effects.

The next four phases are as follows:

Phase 3: discerning compensatory acts;
Phase 4: appreciating problems correctly;
Phase 5: needs of the "older ones" as regards consumption;
Phase 6: "History of drugs".

After phase 6 the parents get the second letter intended for them. It explains the action under way at the school "the purpose of which is to make the pupils understand what drugs really are and why human beings consume them".

The letter requests the parents to participate in the campaign by discussing these problems with their children. It stresses the importance of relations between parents and children; it gives the parents a few practical hints and indicates two tests by which to assess their relations with their children; then it suggests that they should try "actively listening" to their children so as to give them the self-confidence to express their personal feelings and problems.

The kit *Je participe . . . au présent* (I'm taking part . . . at present)

This is the third kit published by the ISPA. It is intended for school-children between 13 and 16 years old. Its purpose is to prepare the pupils, in terms of their thoughts, perceptions and behaviour, for later contact with licit and illicit drugs. It contains a teacher's manual and worksheets designed for the pupils.

The first part of the teacher's manual contains information illustrated with photographs, drawings and sketches on the consumption of alcohol and tobacco in particular. The second part sets forth the six phases of the teaching course: formulation of pedagogical objectives, proposals for activities by the teacher and the pupils, a list of aids to be used and suggestions on various approaches.

This programme includes specific aims for the case of alcohol and drugs, as well as non-specific aims such as the enhancement of social competence,

mental health, etc. The titles of four of the six lessons devised for alcohol and drugs illustrate very well the fact that there are specific and non-specific aims:

1st lesson: Motives for consuming alcohol or other drugs;
2nd lesson: Needs;
3rd lesson: Motives for consumption conceal the real needs;
4th lesson: Problems of alcohol and drug consumption.

ANNEX II

Study relating to French-speaking Switzerland

One hundred and forty-three persons acquired the kit "Children's game(s)" between its date of publication (November 1983) and the month of October 1984.

Fifty-six of these persons replied to the evaluation questionnaire which had been addressed to them; those 56 persons included 40 teachers. This is a very small number, since there are approximately 1,300 teachers for this age group in French-speaking Switzerland.

Thirty-five of these teachers stated that the kit presented health education and drug addiction prevention in an adequate manner.

Thirty-two considered the programme suitable for their pupils, though many of them stressed that although the programme made it possible, first and foremost, to discuss psychological problems and possible conflicts in class and outside, it did not really dwell on prevention in the matter of drugs.

Twenty-three teachers said they had easily been able to incorporate the health education into their programme of work, but some (in fact 19 of them) stated that it involved additional work; 13 of them replied that group work was difficult to organize because of the large number of children per class.

As a whole, the aims of the programme were understood and were sometimes achieved, as some of the teachers pointed out.

It is true that the number of teachers who used this kit is not very big. Their observations can therefore have only an indicative value and amount only to tests rather than a genuine evaluation. The tests, however, proved positive and have encouraged the ISPA to continue its efforts and to broaden the scope of them, in particular by planning to work with the primary school teachers during their training—an approach which is undoubtedly a good one.

Study relating to Italian-speaking Switzerland (Ticino)

The booklet "Children's game(s)" was handed to 118 primary school teachers in 10 different school districts in January 1984. A director of education organized the use and evaluation of the kit, and collected and analysed the results. His report was published in October 1985 at Bellinzona.[18] The questionnaire used to obtain information was deliberately designed to give pride of place to a qualitative analysis. Out of the 118 teachers contacted, only 35 filled in the questionnaire and returned it to the director.

Twenty-seven of them considered that the situations described in the kit were of help in pursuing the objectives of the official programme of studies on the following points:

— Respect for others and for oneself;
— Sense of solidarity and mutual understanding;
— Willingness to discuss matters and to accept criticism and other persons' opinions;
— Sense of responsibility;
— Independence of judgement and capacity for analysis and making choices;
— Self-confidence.

The situations examined were integrated into the following subjects of study:

— Oral (9) and written (15) Italian;
— Study of the environment (6);
— Drawing and painting (4);
— Mathematical logic (3);
— Self-expression (1);
— French.

In conclusion, the very small number of replies calls for care in drawing conclusions from the questionnaire. Nevertheless, a few trends can be summarized as follows:

1. Placing at the disposal of teachers materials which can be used for preventive education is a positive factor.
2. This form of education can begin at elementary school level.
3. The method used must be flexible and suited to the particular conditions of the environment.
4. The pupils show interest in the work conducted on the basis of the kit.
5. Prevention of the consumption of drugs should be approached in a more direct manner.
6. It is essential to improve the provision of information for and training of teachers and parents.

This inquiry can only provide food for thought on the problem of preventive education. It does not constitute an evaluation and its scope is limited to a positive assessment of the document by a small number of teachers.

Study relating to the Department of Haute Saône (France)

The Anti-Alcohol Defence Committee (CDA) of the Department of Haute Saône (France) has experimented with the kit "Children's game(s)" in two classes: one first-year middle course at Vesoul, a small town of approximately 20,000 inhabitants; and a two-tier class at the elementary stage (second-year and first-year middle course) in Montbozon, a village of 580 inhabitants.

These experiments, although conducted on a very limited scale, are nevertheless interesting because they describe the detailed application of the kit in these two classes between October 1985 and May 1986.

During the working sessions, the CDA monitors who took part in these experiments were able to introduce modifications made necessary by the behaviour of the pupils. These modifications related to:

— The vocabulary used, which was simplified;

— The questions, which were pruned; and

— The introduction of additional activities.

The report by the monitors[19] describes in detail the manner in which the kit was applied. The report can thus enable teachers wishing to use it to prepare their work and adapt it to their class in an improved manner.

Moreover, the report contains an evaluation questionnaire filled out by the pupils before the beginning of the first game and again after completing the last game.

The questionnaire comprises 14 questions relating to the three types of conflicts which are the subject of the games contained in the kit:

— Three questions concern conflicts of relationship;

— Six questions relate to conflicts of emotion;

— Five questions relate to conflicts of perception.

An analysis of the results shows:

— With regard to conflicts of relationship, the games yield positive results, since the pupils, after carrying out the exercise, adopt different solutions showing more mature reflection;

— With regard to conflicts of emotion, three of the questions show a slightly positive change of attitude, one question reveals no change of behaviour, while two questions do not provide anything significant and should therefore be modified;

— With regard to conflicts of perception, the replies are much more moderate after the games. This shows an awareness of the phenomenon of subjectivity, thus achieving the goal which the authors of the kit have set for these exercises.

The monitors realize that this evaluation is insufficient and that in the course of forthcoming exercises they will have to improve their methods and amend the questionnaire. They state, moreover, that "the ideal would be to be able to follow the child into the higher grades and evaluate our activity several years later and that an attempt should be made to involve the parents in this educational programme". This last remark brings out the need for team-work among all persons involved in the educational process.

ANNEX III

Two teaching aids on preventive education intended for school-children 10-12 years of age (CM2—Cours moyen, 2nd course) in France: *L'histoire de Pascal* (The story of Pascal)[20] and *Attention dangers!*.[21]

L'histoire de Pascal is a 15-minute videofilm described by its author, Dr. Paul Hantzberg, as a "film-starter" since its purpose is to initiate a discussion. *Attention dangers!* is a manual designed for pupils and includes a teacher's guide which is still at the experimental stage.

The two aids are thus totally different in nature and purpose but at the same time complementary.

L'histoire de Pascal is a particularly original videofilm. It is a fable in which children between 9 and 11 years old and their favourite animals play parts. This material interests children and evokes lively discussions. It has been agreed that this film should be presented by the school's advisory team consisting of the class teacher, a school health doctor and the social worker. This team in full strength is alone authorized to have the film shown and to answer questions, thereby enabling each specialist to have his say.

Clearly, the teacher can prepare the children for the showing of the film by making them aware of the drug problem. Moreover, the projection and the ensuing discussion can be exploited and the manual *Attention dangers!* can be used throughout the year. It has four chapters:

— At home

— Outside

— Tobacco, alcohol

— Drugs, medicaments.

It shows the risks run by an 8- to 11-year-old boy from an average family living in a French town.

It sets out a method of work and a variety of exercises apparently well suited to the interests of *cours moyen* pupils.

A teacher's guide, in its experimental version, is attached and sets forth clearly the objectives pursued and the method used to attain them. It gives also some additional information for teachers and contains the answers to the questions in the pupils' manual.

The use of these teaching aids has begun only this year in a few schools and has not yet been evaluated.

ANNEX IV

Eye-witness accounts of educators working in the Paris suburbs

1. *Statement by an educator from a prevention association*

The following is an extract from the statement by Jean Michel (J.M.), an educator from the "AZIZA" association,[22] which appeared in *Ecole des parents* (February 1988).

Q: *How do young people contact you?*

J.M.: Young drug addicts come to the centre seeking help, sent by a friend who knows the educator or another member of the team and trusts him. The network operates by word of mouth.

Many young persons hear of us from general practitioners with whom we work on a "return trip" basis. And in such cases we can conduct the follow-up together.

In addition, we organize training courses for general practitioners. It is, however, up to the young people to take the initiative of coming to see us.

Q: *What are your present plans?*

J.M.: They relate to the "Prevention-intervention" sector. The idea is to set up networks and establish bonds of solidarity between people so that they no longer feel isolated. For example, young persons released from the Fleury-Mérogis prison and who live on the G housing estate.

L'Arc, in another commune, is an example of the success of our activity. We began by "welcoming 7- to 8-year-old children". After school, a female educator used to help the children with their homework. This was because we realized that a drug addict's family—especially the younger brothers and sisters—suffer as much and even more than the addict himself.

Now we have an apartment where they all come: the families, doctors, a lawyer, the young people themselves, the Family Planning authorities. In this apartment, we formed a group of mothers of prisoners serving sentences at Fleury-Mérogis. They take the train to Fleury together.

Later on, the parents' group expanded, since it was an opportunity for them to speak as parents of addicts. They organized holiday camps among themselves in Algeria and in the Morvan region. The parents who remain behind are engaged in prevention work on the housing estate.

These are people who earlier were suffering alone.

Q: *Is there a meeting place for the young?*

J.M.: Yes, at the moment, I run a permanent reception centre in a café, together with the owner who is an excellent educator.

I always have some pamphlets on me but not too many, as I do not want to leave them lying about; we read them together with the young people and talk about them. Here are some titles at random: Drug Addicts, AIDS, Failure at School, Previous Examination Questions, Tooth Decay.

Formerly, people used to come to this café, and sell or take "dope".[23] The owner did not throw them out. He just said to them: "I am not throwing you out; what I am getting rid of is your product. You can stay here, but without the 'dope'." They stayed. The young people are not obliged to buy anything, even if they spend the whole afternoon in the café. He arranges angling week-ends with them—he organized a carnival-feast which started from his café and went right up to the school. We do real preventive work with these people.

2. *Statements by educators and persons in charge of supervised education*

The director of a hairdressing school called *Pour Coiff'aire* which trains apprentices belonging to the *Institution spéciale d'éducation surveillée* (ISES) of Draveil in the Department of Essone in the outer Paris suburbs, states the following:

"Our aim is certainly to provide training for these young people, but also to help them solve some of their problems. All of them are minors and all of them are in difficulties. They have escaped from home, tried out drugs or committed minor offences, and there is no chance of sending them to a school for the traditional apprenticeship: they would be incapable of accepting the constraints involved. It would be equally difficult to send them back to school; all of them have more or less dropped out. Here they learn a trade while spending the time in a place where they are trusted. They learn to communicate, to respect the others and to be on time . . ."

The director of the Essone supervised education services referred to a circular from the Ministry of Justice, dated 11 April 1983, which stressed the

need for the removal of barriers between structures, collaboration with other administrations and the opening up of ties with local communities. He pointed out that several projects had been designed with a view to providing for the needs of underprivileged young people in difficulties (850 young people were under court protection in December 1987 in the Department).

Pour Coiff'aire, which began in September 1981, was one of these projects. There was also, however, the Essone construction service set up in 1979, which enables young people under court protection to work within a unit approved by the building guilds at small- and medium-scale construction sites.

"We also set up, in 1980, an automobile club open both to young persons undergoing supervised education and the youth from local missions. The clubs provide them with tuition (how to drive and the driving regulations) and put them on the right track while at the same time enabling them to get a job with the network of potential employers."

"An even more significant event has been the opening of a 'resto-rock-bar'. It is the outcome of an agreement signed by the municipality, the 'Pub Rock' Association, and the supervised education service of the Department. It was opened in December 1984 and accepts young people who are under court protection as well as those from the municipal district for in-service training in catering and waiting at table. Finally, we are going to open a restaurant at Bures-sur-Yvette next April that will be operated by supervised education and national education teams. The local inhabitants will thereby personally be witness to a unique formula for co-operation guided by teachers and by educators. Believe me, this is a real revolution."

This type of education is extremely hard to evaluate, a fact that is readily admitted both by the educators and those in charge of supervised education. The following passage is taken from a report to the Minister of Justice:

"The practice of evaluation is still in its infancy, even though experiments are under way in the associations sector. The difficulties involved in carrying it out are evident; how can one evaluate the effectiveness of the work of accompanying families or individuals?"

ANNEX V

This is a multidisciplinary team set up in October 1981, which includes specialists in education, health and social research. It has drawn up a research plan covering four academic years (1981-1985) with the general objective of preparing and trying out an educational programme on the subject of drugs intended for pupils in the upper grades of the general basic education system (average age: 12 to 14 years) in the city of Barcelona. The work process first entailed an epidemiological inquiry into drug consumption among school-children in Barcelona. The investigation was carried out in a scientific manner using a representative sample. Examination of the results made it possible to select and identify the educational objectives of the programme and then to elaborate a draft teaching programme. The programme was to have been tried out and an initial and final evaluation were to have been made, but the testing and evaluation phase had to be abandoned for financial reasons; this greatly detracts from the value of the plan, which had been specially designed for the purpose of such an evaluation. Although the testing of the programme, which

had been carefully prepared for the city of Barcelona, did not take place, the programme proposals have been published in Spanish under the following title:

R. Mendoza, X. Vilarraja y A. Vilarraja: *La educación sobre las drogas en el ciclo superior de la EGB: propuesta de programa*, Ministerio de Educación y Ciencia, Madrid (1986).

This book has been in very great demand. It is therefore probable that it is used a great deal in Spanish secondary schools. It will be therefore necessary to plan another evaluation programme at national or interregional level. The evaluation is all the more important in that it could serve for reference purposes throughout the Spanish-speaking world. Community of language makes multilateral exchanges possible. We need only point out the fact that the Mexican experiment with the People's Theatre in the service of prevention[24] has been repeated in Catalonia and led to the following publication:

F. de la Garza, I. Mendiola y S. Rabago, *Sociodrama, marginalidad y drogas*, Madrid (1983).

ANNEX VI

National Plan for the Prevention of Drug Addiction in the Republic of Colombia[25]

Description of the educational activities undertaken by the Ministry of National Education and the Ministry of Health.

The Ministry of National Education has undertaken the following activities:

1. To set up centres for creative activities in the schools, or upgrade existing ones.

These centres will be active throughout the year. The school-children themselves will be responsible for running them, with the help of parents and teachers. The centres will offer a broad range of activities: cultural, scientific, sports, social, etc.

2. To incorporate into the school curricula a permanent process of comprehensive prevention. Provision will have to be made for the necessary inclusion in the school curricula of the following topics, content and related activities:

- The problems of young people
- The importance of creative organizations intended for young people
- The enhancement of the personality
- The family situation and communication with parents
- The use of leisure time
- The problem of drug addiction.

3. To set up parents' and teachers' organizations and upgrade existing ones.

The collaboration of parents and teachers is essential for carrying out prevention activities. Parent and teacher committees, for the purpose of providing advice and assistance, will be set up to support creative activities of the young.

4. To train educators responsible for guiding the programme and making it more dynamic.

The pupils, teachers, parents and those in charge of educational institutions can attend five-day workshop-seminars in order to prepare themselves for an active role in the implementation of the programmes of activities in the various regions of the country.

5. To support the development of production activities and small enterprises set up by youth movements.

6. To support the development of participatory research work in connection with the objectives of the programme.

7. To strengthen the co-ordination between organizations: setting up of co-ordination centres for youth movements, boy scouts, the Red Cross and other organizations involved in the prevention programmes.

Law No. 30 of 31 January 1986 contains, *inter alia*, 10 articles relating to information and to preventive education.

Articles 11, 12 and 13 deal with prevention and the supply of information on drug dependence. They relate to the organization of free consultations for young drug dependants and the formation of civic committees to combat the production of, trafficking in and use of dependence-producing drugs.

Articles 34 to 40 provide for the introduction of drug abuse prevention activities into school curricula at all levels (primary, secondary, vocational) as well as into informal education, and continuing education. At the level of higher education, information on drug dependence will be included in the programme.

The secretaries for education will be responsible for the development of the prevention programmes in each territorial unit. All public and private educational institutions will be required to create or upgrade centres for creative activities intended for the young.

The Ministry of Education will establish supervision and control mechanisms to monitor the implementation of the measures decreed.

The Ministries of Education and Health will draw up guidelines for the public and private university establishments for the purpose of organizing free and compulsory medical consultation services on the subject of drug dependence.

Article 53 stipulates heavy fines and other penalties in the case of scholastic institutions that fail to comply with the articles of the law affecting them.

ANNEX VII

La Oportunidad de Crecer: La educación frente al abuso de drogas (OAS, Washington).

The experts begin by defining the problem of the use of drugs and the role of education in prevention. They observe that there is as yet no anti-drug programme ready for application and that there is no significant experience available on the subject. They feel that the educational system will have to revise its curricula and help to restore values for the benefit of society as a whole. The OAS will have the task of disseminating that message, which is intended for all the social groups, keeping in mind the very great diversity existing among member countries. Increasing awareness will apply to individuals, the family, the school and the environment.

Regarding the educational system, the experts feel that it develops intellectual abilities but does not have an effect on values such as solidarity, fraternity and interpersonal understanding. They assert that young people are more in need of models than of precepts. They draw attention to the fact that during the International Youth Year the rigidity of the educational system was stressed by young people.

They consider that there is lack of training both for those responsible for the various public sectors and for the teaching staff. There is also lack of resources and equipment necessary for the training institutes. On the whole, educational institutions have been overtaken by events and they dispense more information than training.

There is need to define preventive education strategies at all levels and organize co-operation of all the parties concerned: media, persons responsible for formal education and educational policies, parents, the community, the churches, young persons, and medical and paramedical personnel.

More particularly in the case of schools, the experts draw attention to the overcrowding of classes, which has meant a loss of contact between teachers and pupils. They feel that the school teacher must be restored to his proper place and that the curricula and teaching methods must be brought up to date so that a new teacher-pupil relationship can be established. They call upon the senior officials responsible for education policies to undertake co-ordinated efforts in favour of innovation and to realize the importance of combating the abuse of drugs.

It is hoped that teachers can be trained and kept informed adequately, so that they can:

— Relay information on drugs and their effects on health and family life;

— Inculcate self-confidence and self-respect in young people and adolescents;

— Improve communication among the pupils and between pupils and teachers, both at the level of the group and the individual;

— Foster the ability to solve problems;

— Re-adapt the leisure-time activity programmes;

— Improve vocational guidance.

The specialists stress that preventive education must apply to society as a whole and to all the resources of the educational system.

The school should be more concerned with education and it could help to give young people guidance for life, but it must not detract from the freedom and self-determination of families. It must place itself at the service of the community and be a clearing house for communication between educators, pupils and families. To that end, it is necessary to modify the present trends in the educational system, which mainly pursues the aim of the social success of the students to the detriment of success as a human being. Educational institutions must develop the practice of mutual assistance among the young pupils and encourage team-work and co-operative projects. More specifically, there is need to introduce, and subsequently to develop further, the theme of mental health in all educational institutions. It is also vital to recognize the importance of the educational systems in combating drug abuse and to reinforce it at all levels, in particular by re-adapting the school curricula.

Teachers must be trained to act as educators, so as to influence the attitudes and behaviour of the pupils and play a positive role with regard to their life-style.

Such action can only be effective if it is co-ordinated with that of the other parties within the community. In particular, group leaders must fully realize the extent of the problem and the need for a co-operative effort on the part of the whole community.

It would be desirable for some of them to be trained to play an educational role outside the school, a role which would broaden the scope of and strengthen the role played by the school itself. On this subject, a good example is provided by the summer school established by the Caribbean Institute on Alcoholism and Other Drug Problems. This study centre enables all those concerned to exchange ideas and experience. It is attended by doctors, nurses, social workers, psychologists, teachers, police officers, supervised education personnel, priests, members of voluntary organizations and mutual assistance groups such as Alcoholics Anonymous. This example illustrates the need for co-operation among those in a position to act in combating drugs.

The recommendations intended for those responsible for gathering and disseminating scientific data include the need to develop new avenues of research on the use of education in the prevention of drug abuse.

Certain recommendations are addressed to the international organizations, in particular:

— To provide support for comprehensive education in social health;

— To examine the possibility of setting up a Latin American association of volunteers for education and social health, which would include professionals from different walks of life.

Lastly, the OAS is requested to work out and support a comprehensive Latin American plan for the prevention of drug abuse.

ANNEX VIII

Drug Dependence Research Project—Thailand

One of the points in the first project concerns the development of preventive activities in the primary health and mental health programme.

The following important goals have been set:

(a) To devise a complete, integrated and effective prevention programme for the purpose of reducing the rate of drug abuse;

(b) To mobilize existing knowledge and resources in the public and private sectors so as to bring about broad participation in the drug dependence treatment and prevention project;

(c) To achieve genuine collaboration, co-operation and co-ordination between governmental and non-governmental institutions and the international organizations concerned in the prevention of drug dependence;

(d) To include in the project the following prevention methods:

— Information service for the public

— Promotion of mental health

— Promotion of activities of all kinds
— Preventive education
— Prevention of relapse
— Legal control of drugs.

The project makes provision for the following:

— Training educators for preventive education in combating drug abuse;
— Producing educational material for these educators.

In actual fact, certain preventive activities had been carried out within the framework of the Bangkok Metropolitan Health Department programme and drug dependence forms part of the curriculum of the training courses for health volunteers under the primary health programme.

These activities have not yet been evaluated.

In the second project, provision has been made for a study of preventive action in a slum area of Bangkok. It was implemented in a very small district and was geared to preventive education in the schools and in the health clubs of the neighbourhood, but the activity involved is not sufficiently clear-cut to merit evaluation.

According to the Secretary-General of the Office of the Narcotics Control Board, prevention is due to be developed further and the Royal Thai Government would like to have the benefit of a broader exchange of information with specialists from other countries who have had worthwhile experience in the field of preventive education (see Evaluation of the UN/Thai Drug Dependence Treatment and Prevention Project and the Drug Dependence Research Project, UNFDAC, March 1983).

NOTES

[1]Published by UNESCO, 3rd edition (1982).

[2]First results of the epidemiological survey made in Senegal on the consumption of drugs among young people 14-24 years of age. Republic of Senegal, Ministry of National Education, Senegalese National Commission for UNESCO.

[3]*Drug addiction and its socio-cultural ramifications: the point of view of an island country*, Ludivina Samson de Padua, Impact No. 133 (1984), p. 117, UNESCO, Paris.

[4]At this stage there would appear to be need to define more clearly certain terms which are often employed so as to avoid misunderstanding. The cognitive domain is the domain of knowing. It groups together a set of objectives dealing with the acquisition of knowledge. There are two other major educational domains: knowing how and being. Knowing how applies to learning methods, techniques and procedures. Being is much broader and more complex since it relates to forms of behaviour by which people can live in society. Examples of these three domains will be found in developments to come.

[5]The term "educator" means all those who carry out educational activities for young people: teachers, monitors, and educators of various organizations.

[6]National Institute for Health and Medical Research, 91 Boulevard de l'Hôpital, Paris F-75013, France.

[7]See *La vie-Hors*, series No. 1, *Drogue* (May 1987), 1963 Boulevard Malesherbes, Paris F-75849, France.

[8]One should add, among others, the school psychologists, who are only too often forgotten because they are small in number, and the social workers who look after young people.

[9]*Facts and Feelings about Drugs but Decisions about Situations; a Teacher's Manual*—a drug education manual outlining a short course for the use of secondary schools, (1982), Institute for the Study of Drug Dependence, 1-4 Hatton Place, Hatton Garden, London EC1 N8ND, United Kingdom.

[10]Information taken from *Le Monde* for Wednesday, 9 March 1988. Article by Anne Cheman entitled "Supervised education staff denounce the chancellery's 'austerity policy'".

[11]Taken from an article by Marcus Grant: "Inaccessible aims and illusory targets; a comparative analysis of the impact of anti-alcohol education in North America and Western Europe", New York Academy of Sciences (1986).

[12]Mendoza, R., Vilarraja, A., and Ferrer, X., *Proposal for educational activities against drugs for the higher general education cycle*, Institute of Educational Science, Barcelona University (1983).

[13]See: *Drug problems in their socio-cultural context*, Public Health Papers, 73, WHO, Geneva (1982).

[14]Takemoto, T., Usukine, K., and Otsu, M., *A follow-up study of alcoholic patients treated by Naikan therapy*, Kyoto (1979).

[15]It goes without saying that the term "teachers" used here must be considerably broadened as defined at the beginning of this publication.

[16]Clearly, these objectives are very ambitious and difficult to achieve. However, it would seem desirable to formulate them in order to plan long-term action and to guide from the outset the initial training of young people who will receive the education.

[17]Swiss Institute for the Prevention of Alcoholism, Post Box 870, Lausanne 1001, Switzerland.

[18]Report on the use of the kit "Children's game(s)" in elementary school classes, school year 1984-85.

[19]Report on experiments with the kit "Children's game(s)", Anti-alcohol Defence Committee of Haute Saône, 1 Place du Palais de Justice, Vesoul, F-70000 (years 1986-1987).

[20]Videofilm VHS, SECAM, Sirius, 19 av. George V, Paris F-75008 (1987).

[21]Under the direction of Claude Faure, Belin, 8 rue Ferou, Paris F-75006 (1987).

[22]The "Aziza" educators' association works in several communes of the Paris suburbs. It has an anti-drug prevention centre also called "Aziza".

[23]Parisian slang for what are generally called "hard" drugs.

[24]This Mexican experiment is described in a pamphlet *Education and Drugs—Prevention*, UNESCO, Paris (1987).

[25]*National Plan for the Prevention of Drug Addiction*, Ministry of National Education, Directorate-General for Training, Colcultura, Coldeportes, UNFDAC, a minicommunication, Bogota (1987), Republic of Colombia.

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